EXCITE MEDICAL
BRINGING NEW, INTELLIGENT MEDICAL INNOVATIONS!

Event Sign Up Form
Decompression Mastermind

Attendee Name

Practice Name: _____

Provider Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Mobile: _____ Email: _____

Chiropractic License #: _____

Your Order Information

Item:	Description:	Price:	Quantity:	Total:
[ ] Doc	Spinal Decompression Mastermind (Certificate Included)	$295.00	—	
[ ] Staff	Spinal Decompression Mastermind	$199.00	—	

Location: Renaissance Dallas Addison Hotel
15201 Dallas Pkwy. Addison, TX 75001

Subtotal: _____

Card Number: _____ Exp: ____/____

Card Type: VISA American Express MasterCard

Authorized Amount: $_____ CVC Code: _____

I, _____ authorize EXCITE MEDICAL to charge the above referenced credit card for this order. I understand that subject to the conditions of cancellation by EXCITE MEDICAL, that otherwise all sales are final

_____ _____ _____

Print Name Card Holder Signature Date

Please fax/email your order to +1-888-408-0407/ events@excitemedical.com