

**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:
Doctor:	Spinal Decompression Mastermind (Certificate Included)	\$295.00	—	
Staff: (Staff Name)	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