

# Registration Form

## 1. Sclerotherapy Training Options

The Comprehensive Sclerotherapy options available to you are:

- 5 Day Comprehensive Sclerotherapy Course Only .....\$2,400
- 5 Day Comprehensive Sclerotherapy Course & Certification.....\$2,675
- 5 Day Comprehensive Sclerotherapy Course & Manual.....\$2,775
- 5 Day Comprehensive Sclerotherapy Course, Manual, & Certification.....\$3,100

*Open course schedule, examination dates, cancelation policy, refund policy, terms and conditions, continuing education credit/accreditation information, etc.. can all be found on pages 4-6.*

## 2. Contact Information:

Professional Title: MD DO DDS DMD DPMS ARNP NP RN Other\_\_\_\_\_

First Name:\_\_\_\_\_ Last Name \_\_\_\_\_

Address

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City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_ Fax Number\_\_\_\_\_

Email \_\_\_\_\_ Alternate Phone \_\_\_\_\_

## 3. Work Information:

Work Place:\_\_\_\_\_ Position\_\_\_\_\_

Address

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City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Professional Number of Years in Practice\_\_\_\_\_

Hospital Privileges \_\_\_\_\_

Member of Professional Association \_\_\_\_\_

## 4. Education Information:

Medical Degree \_\_\_\_\_ Number of Years in Practice \_\_\_\_\_

Medical Degree \_\_\_\_\_ Number of Years in Practice \_\_\_\_\_

Country/State License Location \_\_\_\_\_

Country/State License Location \_\_\_\_\_

Country/State License Location \_\_\_\_\_

## 5. Course Selection.....\$2,400

Please Print the Course ID, Course, Date, Location, and Site you wish to register for. **See page 4 for open course schedule**

Course ID	Course	Date	Location	Site

## 6. Certification and Database Registration.....\$275.00

Please Print the Certification Type, Examination Date, Location, and Site you wish to register for. **See page 4 for examination dates available**

Certification Type	Examination Date	Location	Site

**Americans with Disability Act** All of our courses intend to fully comply with the ADA. If you need any special assistance please contact an event staff specialist at 305-740-4444 at least 3 weeks prior to activity.

## 7. Manual/Textbook/Protocol Selection.....\$375.00

Check the Sclerotherapy Manual you wish to purchase for bulk or quantity purchase visit website [www.copavin.com](http://www.copavin.com)

Sclerotherapy Manual for Doctors

English Spanish

Sclerotherapy Manual for Nurses

English Spanish

## 8. Methods of Registration

Submit Payment and Complete Registration form via 1 of 4 methods

<p><b>Mail</b></p> <p>ATTN: Registrar Office 6785 sw 40st Miami , Fl. 33155 <b>Check, Money Order, Credit Card</b></p>
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<p><b>Fax</b></p> <p>ATTN: Registrar Office 305-662-7140 <b>Credit Card Only</b></p>
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<p><b>Email</b></p> <p><a href="mailto:Registrar@copavin.com">Registrar@copavin.com</a> <b>Credit Card Only</b></p>
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<p><b>Online</b></p> <p><a href="http://www.copavin.com">www.copavin.com</a> <b>Credit Card Only</b></p>
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## 9. Payment Information:

Please check off your form of Payment Fees include course materials, course, online professor access

**Check/Money Order**

Payable to Crown Medical  
ATTN: Registrar Office  
6785 sw 40st  
Miami , Fl. 33155

**Credit Card**

Charge to the following account

VISA  MASTERCARD  AMERICAN EXPRESS

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3 / 4 Digit Security Code \_\_\_\_\_

Total Amount enclosed to be charged See Course Schedule for fees: \_\_\_\_\_

Signature: \_\_\_\_\_ (Not valid without signature)