

COURSE REGISTRATION

ONE SPINE: CONTROVERSIES IN SPINE SURGERY
FEBRUARY 6-7, 2009

REGISTER ONLINE AT WWW.ONE-SPINE.ORG

SURGEON & ALLIED HEALTH REGISTRATION

FIRST NAME* _____ MI* _____

LAST NAME* _____ DEGREE* _____

INSTITUTION _____

ADDRESS _____

CITY* _____ STATE* _____ ZIP _____

COUNTRY* _____

PHONE _____ FAX _____

E-MAIL _____

*included on badge

SPECIALTY

Orthopaedic Surgeon Neurosurgeon Other

HOTEL REQUEST

Arrival Date _____ Departure Date _____

ROOM TYPE

King 2 Doubles Smoking Non-Smoking

Total Adults in Room _____ Total Children in Room _____

Standard Room Rate: \$295 per night plus tax
Third adult in room (limit of 3 adults per room): \$35

You will be required to present a credit card at check-in for all hotel charges.
Cancellations within 21 days of arrival and no shows will be charged the full stay. For availability of suites, connecting rooms, or other arrangements, please contact us.

**EARLY REGISTRATION & HOUSING DEADLINE:
JANUARY 9, 2009**

FEES

Registrations will not be processed without payment.

Surgeon @ \$895 each \$ _____

Fellow/Resident/Nurse @ \$595 each \$ _____

____ Additional Reception Tickets \$ _____
(ages 10 and up) @ \$80 each

Late Registration Fee @ \$50 (after Jan.9) \$ _____

Total Amount Enclosed \$ _____

PAYMENT

Check no. _____ made payable in USD to
ONE Spine enclosed.

Please charge my credit card for registration:

VISA MasterCard AMEX

CREDIT CARD NO. _____ EXPIRATION DATE _____

NAME AS IT APPEARS ON CARD _____

SIGNATURE _____

BILLING ADDRESS

ADDRESS _____

CITY* _____ STATE* _____ ZIP _____

COUNTRY* _____

MAIL OR FAX THIS FORM TO

ONE Spine Administrative Office c/o BroadWater
1737 S. Naperville Rd. Ste. 106 | Wheaton, IL 60189 USA

T: 630.681.1040 | F: 630.682.5811