



Registration Form

Location: Hilton San Diego Bayfront

Course Date: October 13th-14th 2023

\$2495

Doctor's Name: _____
Name of Practice: _____
Practice Location: _____
Office Phone: _____
Cell Phone #: _____
E-mail: _____

Credit Card Authorization Form

Please complete all fields

Credit Card Information

Card Type: MasterCard VISA Discover AMEX
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
CVV(3 number on back of card): _____
Zip Code: _____
Signature of authorized user: _____

Please return form to our secure email: wardanylectures@gmail.com

If you have any questions please feel free to contact Brittney Rosas at (415)668-0680