CERTIFICATE

URODYNAMICS A VIRTUAL LIVE STREAMING COURSE

SATURDAY AND SUNDAY, MAY 1-2, 2021

Presented by:





Endorsed and recognized by:



REGISTRATION FORM

Certificate in Urodynamics Course Saturday and Sunday, May 1-2, 2021

CONTACT INFORMATION					TERMS AND CONDITIONS	
First Name	Last Name		Title		Accordance	
Position		Facility Name			Acceptance: You will receive confirmation of	
Street		Suite			your registration within 7 days of	
					receipt of your application &	
City	State	Zip Code		Country	payment.	
Telephone Number/Mobile Number		Email Address (For registration confirmation)			Cancellations:	
How did you hear about this course?					Tuition less \$100 (administration	
Physicians, Physician Assistants, Nurse Practitioners, Registered Nurses, Allied Health Professionals, and Clinical Scientists who have at least 6 months of basic knowledge and experience in areas related to urodynamics are encouraged to participate.					fee) will be refunded if written notification is received within 2 weeks prior to the start of the course.	
Please check your experience:						
More than 6 months ☐ Less than 1 year ☐ More than 1 year ☐					If cancellation occurs less than	
Special Interest: Urology ☐ Urogynecology ☐ Obstetrics & Gynecology ☐					2 weeks prior to the start of the	
Other				course, tuition will not be refunded.		
(please specify)					refunded.	
TUITION						
Certificate in Urodynamics Course: \$850.00 (USD) per person						
COURSE PARTICIPANT						
Please print participant name as you wish it to appear on the certificate with credentials.						
(N	(Credentials)					
*Mandatory – PERSONAL EMAIL REQUIRED (not institutional)						
for each participant to be used prior to and throughout the co	ommunication L	nication (Personal Email Address)				

At the close of the course, there will be an comprehensive multiple (80% or greater) are awarded a Certificate in Urodynamics by the					
be awarded to those who do not reach the required standard, or w	ho choose not to participate in the test.				
MISCELLANEOUS					
The details you provide on this form will be held and processed in information will be included on the list of participants that will be is your contact details private and inform you of future conferences a Check here if you do not wish to be added to our private email list.	sued to speakers involved in the course. We will keep				
PAYMENT METHOD					
Check please make check payable to: The Prometheus Group®	Credit Card (please complete section below)				
mail checks to: One Washington Street, Suite 3171 Dover, NH 03820					
Check #					
CREDIT / DEBIT CARD PAYMENT DETAILS	CARDHOLDER ADDRESS				
☐ VISA ☐ MASTERCARD ☐ AMEX	Street:				
Card Number:	State: Zip Code:				
Security code:	-				
Expiration date:					
Name on Card:	-				
REGISTRATION INFORMATION					
Registration is simple!					
Email form to: hgagnon@theprogrp.com					
Fax form to: 1-603-749-0511					
Register over the phone: 1-800-442-2325 (Contact Heidi in Marketing)					

COURSE CREDIT

