

# CERTIFICATE

## in URODYNAMICS

A VIRTUAL LIVE STREAMING COURSE

**SATURDAY AND SUNDAY, AUGUST 21-22, 2021**

Presented by:



**Bristol Urological Institute**

In conjunction with:



Endorsed and recognized by:



### REGISTRATION FORM

**Certificate in Urodynamics Course  
Saturday and Sunday, August 21-22, 2021**

CONTACT INFORMATION				TERMS AND CONDITIONS	
First Name	Last Name	Title		<p><b>Acceptance:</b> You will receive confirmation of your registration within 7 days of receipt of your application &amp; payment.</p> <p><b>Cancellations:</b> Tuition less \$100 (administration fee) will be refunded if written notification is received within 2 weeks prior to the start of the course.</p> <p><b>If cancellation occurs less than 2 weeks prior to the start of the course, tuition will not be refunded.</b></p>	
Position	Facility Name				
Street	Suite				
City	State	Zip Code	Country		
Telephone Number/Mobile Number		Email Address (For registration confirmation)			
How did you hear about this course?					
Physicians, Physician Assistants, Nurse Practitioners, Registered Nurses, Allied Health Professionals, and Clinical Scientists <u>who have at least 6 months</u> of basic knowledge and experience in areas related to urodynamics are encouraged to participate.					
<b><u>Please check your experience:</u></b>					
More than 6 months <input type="checkbox"/> Less than 1 year <input type="checkbox"/> More than 1 year <input type="checkbox"/>					
<b><u>Special Interest:</u></b> Urology <input type="checkbox"/> Urogynecology <input type="checkbox"/> Obstetrics & Gynecology <input type="checkbox"/>					
Other <input type="checkbox"/> <input type="text"/> <i>(please specify)</i>					

### 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.

*(Name)*

*(Credentials)*

**\*Mandatory – PERSONAL EMAIL & PHONE REQUIRED**  
(not institutional) for each participant to be used for **private email and/or phone communication prior to and throughout the course.**

*(Personal Email Address)*

*(Personal Phone Number)*

*(Continued on reverse side)*

## COURSE CREDIT

At the close of the course, there will be an comprehensive multiple-choice test. Those who achieve satisfactory marks, (80% or greater) are awarded a Certificate in Urodynamics by the Bristol Urological Institute. A Certificate of Attendance will be awarded to those who do not reach the required standard, or who choose not to participate in the test.

## MISCELLANEOUS

The details you provide on this form will be held and processed in order to administer your registration. Your contact information will be included on the list of participants that will be issued to speakers involved in the course. We will keep your contact details private and inform you of future conferences and events.

Check here if you do not wish to be added to our private email list.

## PAYMENT METHOD

**Check**  
please make check payable to: **The Prometheus Group®**

mail checks to: **One Washington Street, Suite 3171  
Dover, NH 03820**

Check #

**Credit Card** (please complete section below)

## CREDIT / DEBIT CARD PAYMENT DETAILS

VISA  MASTERCARD  AMEX

Card Number:

Security code:

Expiration date:

Name on Card:

## CARDHOLDER ADDRESS

Street:

State:

Zip Code:

## REGISTRATION INFORMATION

Registration is simple!

Email form to: [hgagnon@theprogrp.com](mailto:hgagnon@theprogrp.com)

Fax form to: **1-603-749-0511**

Register over the phone: **1-800-442-2325 (Contact Heidi in Marketing)**



One Washington Street, Suite 3171, Dover, NH 03820  
(800) 442-2325 | [info@theprogrp.com](mailto:info@theprogrp.com) | [theprogrp.com](http://theprogrp.com)