



# Registration Form

Space for cannot be held until registration is complete and payment received

### 1. Contact Information:

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

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

Address\_\_\_\_\_

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

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

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

### 2. Work Information:

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

Position: \_\_\_\_\_

Address

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

Number of Years in Practice\_\_\_\_\_ Hospital Privileges\_\_\_\_\_

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

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

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

### 3. Education Information:

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

University of \_\_\_\_\_ Graduation Year \_\_\_\_\_

**4.- Sclerotherapy Training Options**

Please check mark in the corresponding course you wish to register for The Comprehensive Sclerotherapy options available to you are:

**A.- TYPE OF COURSE**

- 1 Day Sclerotherapy Course **manual include**..... \$1,375.00
- 5 Day Comprehensive Sclerotherapy Course **manual included**.....- \$3,700.00
- Advanced Sclerotherapist Certification Examination & Database Registration... \$ 275.00

**B.- TYPE OF MANUEL**

Based on the above selection, you have the following choices, Specialization of the Sclerotherapy Manual, as well as the Language of Manual, Please select your preference.

**Please send me the corresponding Manual for Sclerotherapy Manual for Doctors in**

- English
- Spanish

**Sclerotherapy Manual for Nurses in**

- English
- Spanish

**C.- COURSE FORMAT**

I wish to receive my course in the following format

- On Demand : Starting on the following date : \_\_\_\_\_
- On Location : Please reserve my seat for the following venue : \_\_\_\_\_  
**From :** \_\_\_\_\_ **Date to the :** \_\_\_\_\_
- Online Live : Please reserve my position for the following venue : \_\_\_\_\_  
**From :** \_\_\_\_\_ **Date to the :** \_\_\_\_\_

**5. Certification and Database Registration**

- This is an application for Certification, I am attaching the corresponding documentation
- Please reserve my position for the next examination date for Certification  
**From :** \_\_\_\_\_ **Date to the :** \_\_\_\_\_

**6.- Type of Payment**

Please check off your form of Payment, Please state in Check type of course and Date

**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    DISCOVER

**Billing Address of Credit Card Billing Address**

Address \_\_\_\_\_

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

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 3 4 Digit Security Code \_\_\_\_\_, on Back of Credit Card

For security purpose, we will only ship Manual and other Materials to billing address of the credit card.

Total Amount enclosed to be charged See Course Schedule for fees: \_\_\_\_\_  
 Signature: \_\_\_\_\_ (Not valid without signature)

**7. Methods of Registration for Direct line call 786 597 3202**

Submit Payment and Complete Registration form via 1 of 4 methods

**Mail**  
 ATTN: Registrar Office  
 6785 sw 40st  
 Miami , Fl. 33155  
**Check, Money Order,  
 Credit Card**

**Fax**  
 ATTN: Registrar Office  
 305-662-7140  
**Credit Card Only**

**Email**  
[Sales@copavin.com](mailto:Sales@copavin.com)  
**Credit Card Only**

**Online**  
[www.copavin.com](http://www.copavin.com)  
**Credit Card Only**

**8. Terms and Conditions:**

Please check box below and sign to confirm you have read, and accepted the full “Terms and Conditions” of COPVIN, under which the services are provided for course, manuals and certification.

I have read and fully understand terms and conditions for this Course, Manual and/or Certification.

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

**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.