

**Advanced Techniques Training Program  
with Min S. Ahn, MD, FACS  
Registration Form**

Participant name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ ML#: \_\_\_\_\_

Are you board certified? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, specialty: \_\_\_\_\_

Specialty: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Training Program Cost:

- Individual Training (\$1500/person)
- Group Training Session (\$500/person, minimum of 5 people)

Requested Dates: \_\_\_\_\_

**We will not be able to proceed with the session without the following information:**

Check (Made payable to "The AWC" and mailed in with this registration form)

Credit card information:

Visa       Mastercard       American Express       Discover

Please print name as it appears on credit card:

Full name on credit card: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiration date (mm/dd/yy): \_\_\_\_\_

I understand this registration fee will cover my attendance to the Advanced Techniques Training Program hosted by Dr. Min S. Ahn. I hereby release, remise and discharge Dr. Ahn from any and all manner of obligation, claim, debt, demand, damages, liability, covenant, promise, contract, agreement, cost, attorneys' fees, undertaking or cause of action whatsoever, whether known or unknown, fixed or contingent, suspected or claimed which he/she individually or collectively had, has, claims to have, or may in the future have based in whole or in part upon or arising from or related to this training session.

Signature: \_\_\_\_\_

**CANCELLATION POLICY:**

Please contact Beth Brooks **immediately** if you need to cancel or reschedule a training session. Please note that there will be a \$100 processing fee if cancelled within 3 days of the scheduled session.

Please return the completed form to:  
FAX 508.366.2700 or CALL 508.366.2020