EXCITE MEDICAL
BRINGING NEW, INTELLIGENT MEDICAL INNOVATIONS!

Marketing Workshop Sign Up Form

Attendee Name

Practice Name: _____

Provider Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Mobile: _____ E-Mail: _____

Your Order Information

Item	Description	Price	Quantity	Total
[ ] MW	**Marketing Workshop** (Staff must be with Doctor/Clinic Owner) Pick Date: [ ] December 13, 2024	**$99.00**	__	

Subtotal: _____

Location: Excite Medical Headquarters
4710 Eisenhower Blvd, Suite A-12
Tampa, FL 33634

_____ Doctor / Clinic Owner Acknowledges that Staff will be accompanied by them.
(Initials)

Card Number: _____ - _____ - _____ - _____ Exp: _____/_____

Card Type: VISA American Express MasterCard

Authorized Amount: $_____ CVC Code: _____

I, _____ authorize EXCITE MEDICAL to charge the above referenced credit card for this order. I understand that subject to the conditions of cancellation by EXCITE MEDICAL that otherwise all sales are final.

_____ _____ _____
Print Name Card Holder Signature Date

Please fax/email your order to +1-888-408-0407 / events@excitemedical.com Thank You!