Surgeons

Application for Enrollment: LIPOSUCTION 101

Please Print & Submit this Application by Fax: 949-248-9339

Last Name	First Name	MI		
	called (Nickname)			
Medical Degree (choose o				
• ,	neck your AMA Profile) mm/dd/y	VVV		
•		• • •		
City	State/Province	ZIP		
	Tel (Cell)			_
	E-Mail			
				_
Name of your Medical Sch	ool:			_
Current Status (choose on Other (please specify)	e) Resident Fellow Faculty Priva e) Private Group Military Academ	te-Practice		
•			• ,	
•	lined by a state licensing board?			Yes
•	Il malpractice insurance cancele			Yes
Have you had chemical ab	use or dependency within the pa	ist 5 years?	No	Yes
List your Board Certificatio	ns:			
Gender: Male Fema				
	own (choose one): XS, S, Med, L	g, XL, XXL, XXXL		
Dates of Course for which	you are applying?			
How did you hear about Liposuction 101?				
Recommended Text Books	Tumescent Technique, by Jeffre	ev Klein, Mosby, 2000	o. sho	uld be read before arriving
	the course (This book is currently	•		•
- 4				
Refund Policy	Supplied (40 days) when to the course of	oution data than the dance	النيينة	a vativa da di vaiava a \$400 b andlina
fee. If notice of cancellation is given	6 weeks (42 days) prior to the course standard representation of weeks prior to course standard then only \$100 will be forfeited.			-
	of California, Irvine School of Medicine fo	or up to 27 hours of CME.		
Concurrent Nursing Courses				
	Liposuction Course – "Nursing TLC" (sp		-	- · · · · · · · · · · · · · · · · · · ·
	ng the course with a surgeon, with the enurse. Surgeons may bring one additionst-come/first-serve basis.			-
Signature of Applicant	e 949-248-1632 ext. 210 Mailing Address:	_ Date		Consistence CA 03577 1153