



# Course Registration Form

## Participant Information

Course Title: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

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

Please define your Lipoplasty experience:

## Course Selection

- Observation – 1 Day - \$3,000
- Basic Liposculpture- 2 Day- \$6,000       SmartLipo VASER
- Advanced Liposculpture- 2 Day- \$6,000       SmartLipo VASER
- Fat Transfer – 2-Day- \$10,000
- Hi Def Liposculpture- 2 Day -\$15,000       SmartLipo VASER       Observation-2 Day-\$7500
- Patient Care Course- 2 Day-\$2,500
  
- I am an ABSI graduate and wish to audit this course  
(Previous course taken \_\_\_\_\_ date \_\_\_\_\_)

## Payment Options

### Wire Transfer:

Key Bank, NA  
 10470 Park Meadows Drive  
 Lone Tree, Colorado 80124  
 (303) 262-8086  
 ABA# 307070267 Account# 765611007574  
 Account Name:  
 Advanced Body Sculpting Institute  
 SWIFT CODE: KEYBUS33

### Credit Card:

Name on card: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Visa       MasterCard       AmEx       Discover  
 Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
 CVV Code: \_\_\_\_\_

TOTAL Amount Processed: \$ \_\_\_\_\_

I authorize you to charge my credit card for payment of the ABSI training course.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For more Information:                      Phone: (303) 708-8770                      E-mail: [chris@absinstitute.com](mailto:chris@absinstitute.com)

Early registration is encouraged. Space is limited. Registration will be accepted on a first come first serve basis until the course is full. Course fees are non-refundable. No date changes will be accepted unless approved by ABS Institute. Course fees are due a minimum of 30 days prior to the course.