

LIVE WEBINAR / RECORDED WEBINAR ORDER FORM

| Name/First Name | Surname/Family Name | |
|--|---------------------------------------|--|
| Institution/Company/University/Hospital/Organization | n | |
| Address | | |
| City | State/Province | ZIP/Postal Code |
| Phone | Fax | |
| E-mail (Required) | | |
| Total Products Ordered: | Are you an ISTSS | Member? Yes No |
| PAYMENT: Amount: \$ □ MasterCard | □Visa □American Express | ☐ Check (US dollars only; payable to: ISTSS) |
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| Fax this form to: +1-847-480-9282 or mail to: ISTSS, 111 De | eer Lake Road, Suite 100, Deerfiel | d, IL 60015. Payment must be received no |
| later than 24 hours prior to the LIVE event. A confirmation | n with instructions for joining the v | - |
| has been received. See ISTSS website for cancellation info | rmation. | |



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I wish to purchase the following webinar(s):

| Title: | Date: | |
|------------------------|----------------------------------|-----------------|
| Live Registration Only | Live Registration with Recording | Recording Only |
| □ WITH CE | □ WITH CE | □ WITH CE |
| Member \$45 | Member \$65 | Member \$45 |
| Non-Member \$65 | Non-Member \$85 | Non-Member \$65 |
| □ NO CE | □ NO CE | □ NO CE |
| Member \$30 | Member \$50 | Member \$50 |
| Non-Member \$50 | Non-Member \$70 | Non-Member \$70 |
| | | |
| | | |
| Title: | Date: | |
| Live Registration Only | Live Registration with Recording | Recording Only |
| □ WITH CE | □ WITH CE | □ WITH CE |
| Member \$45 | Member \$65 | Member \$45 |
| Non-Member \$65 | Non-Member \$85 | Non-Member \$65 |
| □ NO CE | □ NO CE | □ NO CE |
| Member \$30 | Member \$50 | Member \$50 |
| Non-Member \$50 | Non-Member \$70 | Non-Member \$70 |