

Inscription For NanoKnife Training in USA

Location: University of Louisville (KY)

Course Instructor: Dr. Robert Martin

Please fill in the following form and send it back by email to info@balmermedical.ch.

Please choose your preferred date to attend the corresponding workshop in 2017:

8th of February

22th of March

19th of April

24th of May

14th of June

First Name (as shown on passport / driving license)	
Last Name (as shown on passport / driving license)	
Date of Birth (for TSA / airline booking)	
Gender	
Physician Primary Type (MD, DO, etc.)	
Physician License State & License Number	
Specialty (from provider taxonomy code list)	
Hospital	
Affiliation	
Physician or Teaching Hospital	
Physician or Teaching Hospital NPI (Individual NPI for physician not NPI of any group belonging to)	
Teaching Hospital Tax ID Number (TIN)	
Primary Business Location / Name	
Primary Business Address	
Primary City / State / Zip Code	
Office Phone	
Mobile Phone (required)	
Business Email Address	
Are you a new AngioDynamics customer?	Yes No
Are you planning to attend with your MD?	Yes No