

# Zimmer Spine Surgeon Training

## Denver, CO

Training Facility: Science Care



\*Please check hotel night(s) as needed

Dates	Course	Hotel
April 15-16	MIS Solutions	<input type="checkbox"/> Friday (Apr. 15) <input type="checkbox"/> Saturday (Apr. 16)

Name \_\_\_\_\_  
Last First Title

Hospital Affiliate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Sales Rep Name \_\_\_\_\_

Are you licensed to practice medicine in the Commonwealth of Massachusetts? No  Yes  provide license number \_\_\_\_\_

Are you licensed to practice medicine in the state of Vermont? No  Yes  provide license number \_\_\_\_\_

\*Please RSVP to Corrie Bergen at corrie.bergen@zimmer.com or fax to 952.837.6941.  
 Upon receipt of RSVP Zimmer Spine will email you a confirmation letter with air, hotel, and transportation information.

