

# Zimmer Spine Surgeon Training Miami, FL

Training Facility: Miami Anatomical Research Center (M.A.R.C)  
Accommodations: TBD

Date	Course	Hotel
December 2-3	MIS Solutions	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday *Please check if hotel is needed

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.

