



CUSTOMER PROFILE

Facility/Physician Name: \_\_\_\_\_

Facility Billing Address: \_\_\_\_\_

Facility Shipping Address \_\_\_\_\_
(if different from Billing Address)

Phone Number: \_\_\_\_\_ Mobile Number \_\_\_\_\_

CC# \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Email: \_\_\_\_\_

I am interested in attending the training. [ ] Yes [ ] No

\*\*\*\*\*

Attendee Name: \_\_\_\_\_

(Please print name how you would like it to appear on Certificate) Attendee Credentials License#

Select the following you are registering for:

[ ] Introductory special of \$3,495.00 which includes one (1) free training session of your choice of Aesthetics (Facial Rejuvenation, Hair Restoration) OR Orthopedic/Musculoskeletal (Joints, Tendons, Bursa) OR Paraspinal / Neuropathy session. Offer also includes two (2) 1 ml Regenerative Medicine of your choice, digital copy of the New Life Physician Bundle and Patient Booklet, One (1) Email Campaign launch.

Choose the following for Sessions Only:

- [ ] Aesthetics (Facial Rejuvenation session, Hair Restoration) session \$1,000.00
[ ] Orthopedic/Musculoskeletal (Joints, Tendons, Bursa) session \$1,000.00
[ ] Paraspinal / Neuropathy session for \$1,000.00

\$500 for each additional attendees per session:

- [ ] Aesthetics, # of additional attendee(s) \_\_\_\_\_
[ ] Orthopedic, # of additional attendee(s) \_\_\_\_\_
[ ] Paraspinal, # of additional attended(s) \_\_\_\_\_

TOTAL: \_\_\_\_\_

Additional Attendee Names/Credentials: \_\_\_\_\_
(Print Name with Credentials to appear on certificate) License#

\_\_\_\_\_  
(Print Name with Credentials to appear on certificate) License#

Signature

Print Name

I authorize New Life Regenerative Medicine to charge my credit card.

\*\*Training Cancellation Policy: Should the training participants find it necessary to cancel a scheduled program, please immediately contact New Life Regenerative Medicine at 844-567-6370. Fees will not be refunded if cancelled. We will reschedule your training for no charge up to a 6-month period.