

Facility/Physician Name: _____ NPI #: _____
Facility Billing Address: _____
Facility Shipping Address: _____
(If different from billing address)
Phone Number: _____ Mobile Number: _____
Credit Card #: _____ Exp. Date: _____ CVV: _____
Email: _____

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 Kit: special for \$4,500 which includes **one (1)** of the following training sessions of your choice, **two (2)** 1ml product of your choice, a digital copy of the Physician Guide, a digital copy of recommended protocols (created by our medical directors), **one (1)** email campaign launch, and training videos that contain various aesthetics and musculoskeletal procedures.

- Aesthetics (Facial Rejuvenation, Hair Restoration & Sexual Health) Session I choose this session.
- Orthopedic/Musculoskeletal (Joints, Tendons, Bursa) Session I choose this session.
- Paraspinal/Neuropathy Session I choose this session.

OR

Training Packages *includes Master Certificate CME Program* : (See attached for more information) Extra Attendee

Starter Package \$7,500, (with an extra attendee + certificate \$9,000)
Includes one Introductory Kit with full weekend training and New Life marketing bundle

Platinum Package \$7,995, (with an extra attendee + certificate \$9,495)
Includes one Introductory Kit with full weekend training and New Life marketing bundle + additional 1ml of product

Executive Package \$9,495, (with an extra attendee + certificate + a Hilton hotel room \$10,995)
Includes one Introductory Kit with full weekend training and New Life marketing bundle + additional (2) 1ml of product + a Hilton Hotel room

PURCHASE BY ITSELF or ADD ON

Master Certificate CME Program for \$4,000 includes:

Full weekend training for Aesthetics, Orthopedic & Paraspinal

- 20 CMEs + 1 year online subscription & access to over 32 million publications, articles, papers, research & medical journals

Choose the following for Sessions Only: \$895 for Each Additional Attendee per Session:

Aesthetics Session (Facial Rejuvenation, Hair Restoration & Sexual Health) \$1,500 Aesthetics, # of additional attendee(s) _____

Orthopedic/Musculoskeletal Session (Joints, Tendons, Bursa) \$1,500 Orthopedic, # of additional attendee(s) _____

Paraspinal Muscle Injections & Peripheral Neuropathy Session \$1,500 Paraspinal, # of additional attendee(s) _____

Training Videos for \$500 includes:

Thirteen (13) videos of Aesthetic and Musculoskeletal procedures

Additional Attendee Names: _____
Please PRINT NAME how you would like it to appear on Certificate Credentials License #

Please PRINT NAME how you would like it to appear on Certificate Credentials License #

I authorize New Life Regenerative Medicine to charge my credit card for the total of \$ _____

Yes, please keep this credit card on file for future orders. No, please do not keep card on file. One time use only.

Authorized Signature Date Print Name