



Registration Questionnaire: To make this session tailored to your needs, please check off what interests you and then number the top 5 most important.

What Laser Technologies Are You Interested in Seeing?

- Laser Resurfacing – Light Treatments #___(Number 1-5 of your top choices)
- Laser Resurfacing – Deep Treatments #___(Number 1-5 of your top choices)
- IPL/BBL/BBL HERO #___(Number 1-5 of your top choices)
- Non-ablative (Moxie) #___(Number 1-5 of your top choices)

What Off Label Injection Techniques Are You Interested in Seeing?

- Glabella #___(Number 1-5 of your top choices)
- Atrophic Scars #___(Number 1-5 of your top choices)
- Jawline (Camouflaging Jowls) #___(Number 1-5 of your top choices)
- Under-Eye (Camouflaging Prolapsed Fat Pads) #___(Number 1-5 of your top choices)
- Teck-Neck (Transverse Neck Lines) #___(Number 1-5 of your top choices)
- Chin-Tox #___(Number 1-5 of your top choices)
- Forehead Filler #___(Number 1-5 of your top choices)

Other Topics

- Understanding Needle vs Cannula #___(Number 1-5 of your top choices)
- Cannula Tips #___(Number 1-5 of your top choices)
- Keeping it safe and comfortable for your patients #___(Number 1-5 of your top choices)
- Treating Under-Eye Complications #___(Number 1-5 of your top choices)
- Cosmetic Injector Anatomy of the Head and Neck #___(Number 1-5 of your top choices)
- Review of Verbal and Written Informed Consents (Feel free to bring yours for review) #___(Number 1-5 of your top choices)
- Instagram Makeovers – how to combine procedures #___(Number 1-5 of your top choices)
- Other:_____ #___(Number 1-5 of your top choices)



Credit Card Authorization Form

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Dr. Sip's Off Label Laser & Injectable Course
Date: _____

I, _____, authorize Siperstein Dermatology Group to charge my credit card above for agreed upon purchases.

Customer Signature

Date