

Sales Representative: _____

Date _____

Please complete Payment Authorization Form.

REQUIRED FIELDS

Doctor _____

Specialty _____

NPI # _____

Medical Lic. # _____

CUSTOMER - PHYSICIAN	SHIPPING ADDRESS <input type="checkbox"/> Same
Name _____	Name _____
Attn _____	Attn _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Ph _____ Cell _____	Ph _____ Cell _____
Email _____	Email _____

CONSULTING SERVICES	Attendees	Price (US\$)	Total
REGENERATIVE NANOMEDICINE INTENSIVE WORKSHOPS – Reservation			
Regenerative Medicine HCT/P Basics <i>2 credits</i>		\$2,000	
Introduction – Series One Workshop Practice Review, Regulations, Brands <i>8 credits</i>		\$4,000	
Consulting – Series Two Workshop Studies, Protocols, Peer Training		\$4,000	
Business Development – Series Three Workshop Cash Integration, Digital Marketing, Website Upgrade, Business Development		\$4,000	
Annual Consulting – Series Four – Ongoing 12 Months Annual Updates, Protocol Support, Important Regulation Changes, Product Advancements (Series One, Two and Three are prerequisites)		\$4,000	
RichSource HCT/P Basics and all series (\$2,000 discount)		\$12,000	

Workshop Dates and Times	TOTAL
HCT/P Basics: <input type="checkbox"/> Tuesday, June 22, 7-9pm Pacific -or- <input type="checkbox"/> Tuesday, July 20, 7-9pm Eastern	50% Deposit
Series 1 and 2: <input type="checkbox"/> Saturday, June 26, 8:30am-5:30pm Pacific -or- <input type="checkbox"/> Saturday, July 24, 8:30am-5:30pm Eastern	Balance Due
Series 3: <input type="checkbox"/> Sunday, June 27, 8:30am-Noon Pacific -or- <input type="checkbox"/> Sunday, July 25, 8:30am-Noon Eastern	Due Date
Series 4: <input type="checkbox"/> Annual Ongoing Twelve Months post all series 1-3	Thank You

Attendee's Name / Title	Attendee's Name / Title

* Please pay by ACH or if by credit card a 3% administrative fee will be added.

Information provided is for educational purposes only. It is recommended that FDA guidelines and regulations be followed when administering. NO REFUNDS.

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