

# BANNO UROLOGY

## TRAINING REGISTRATION FORM

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

Practice Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical Specialty: \_\_\_\_\_

PRP Training Attendees for non-clinical staff (Names): \_\_\_\_\_

\_\_ Monthly Training Dates Available Throughout 2016 including; Sept, Oct, Nov and Dec.

\_\_ Procedures include: O-Shot, Priapus Shot and Pellet Therapy

\_\_ Contact Tami Banno for scheduling and training fees at [Tami.Banno@BannoUrology.com](mailto:Tami.Banno@BannoUrology.com) or (309) 256-9773

1. If you currently practice PRP, what system do you use? \_\_\_\_\_

2. What PRP procedures do you currently practice? \_\_\_\_\_

3. How did you hear about Banno Urology?

\_\_ Internet

\_\_ Medical Convention/Seminar

\_\_ Sales Consultant: His/Her Name: \_\_\_\_\_

\_\_ Other

### BILLING INFORMATION

New Physician (please fill in all fields below)

Card Type:  Card on file  MC  Visa  AMEX  Discover

Account # \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_ (mm/yr) CVS \_\_\_\_\_

Signature: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_