



PRP & Shockwave Therapy Registration Form

Please Register Me for The Following Training Course

Course City:

Course Date:

Attendee Name:
(as to appear on Certificate)

Phone Number:

Email Address:

Shipping Address:

How did you hear about the course?

Payment Information:

Credit Card#:

Expiration:

Name on Card:

Billing Address if different
than Shipping:

I authorize the AAEG to charge my card for course enrollment fees (PDO Fee \$3995.00). A 48 hour cancellation notice is required for a full refund or credit for a future class. To cancel or for further information please call customer service at (831) 233-8512 or visit us online at <https://aaeg.education/> To return your registration please email your form to support@aaeg.education or fax it to (800) 481-0598.

Attendee Signature: _____ Date: _____