

SAN DIEGO SHOULDER INSTITUTE
LABORATORY/ WORKSHOP INTENT TO PARTICIPATE FORM

San Diego Shoulder Institute 27th Annual Course
June 23-26, 2010
Hyatt Regency at Aventine La Jolla, California

Company Name:

Primary Contact Person Name:

Title:

Email Address:

Address (street, city, state, zip code)

Office Phone:

Cell Phone:

Fax:

My company would like to participate in the following laboratory(ies)/ workshop(s) to be held during San Diego Shoulder Institute's 27th Annual Course (check all that apply):

- Arthroscopy Model Laboratory (Wednesday June 23, 2010 8:00 a.m.-12:00 noon)
- Total Shoulder and Fracture Fixation Workshop (Wednesday June 23, 2010 7:00-9:00 p.m.)
- Cadaver Arthroscopic Surgery Laboratory (Friday June 25, 2010 8:30 a.m.-12:00 noon **and** 1:30 p.m.-5:00 p.m.).
- Anatomy, Open Reconstruction, and Arthroplasty Cadaver Laboratory (Saturday June 26, 2010 2:00 p.m.-5:00 p.m.).
- Shoulder Arthroscopy Luncheon Workshop (Thursday June 24, 2010 12:00 noon – 1: 30 p.m.)
- Shoulder Arthroplasty Luncheon Workshop (Friday June 25, 2010 12:15 p.m.-1:45 p.m.)

Signature: _____
(Signature indicates agreement with SDSI Standards of Commercial Support)

Return Completed Form to:
Larky Blunck, R.N., CME Consultant
San Diego Shoulder Institute
ebunck@aol.com (preferred)
760-940-6110 (fax)