



**Leksell Gamma Knife® PERFEXION™ Training Course  
2008 Course Registration Form**

I am registering for:

- January 28-30 Leksell Gamma Knife® PERFEXION™ Upgrade Course 3 days
- April 14-16 Leksell Gamma Knife® PERFEXION™ Upgrade Course 3 days
- June 16-20 Leksell Gamma Knife® PERFEXION™ Introductory Course 5 days
- August 11-13 Leksell Gamma Knife® PERFEXION™ Upgrade Course 3 days
- October 20-22 Leksell Gamma Knife® PERFEXION™ Upgrade Course 3 days
- December 1-5 Leksell Gamma Knife® PERFEXION™ Introductory Course 5 days

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Degree:** \_\_\_\_\_

**Medical Specialty** \_\_\_\_\_

**Level of Experience with:**  
**Conventional Stereotactic Techniques**    None    Some    Experienced  
**Stereotactic Radiosurgery**    None    Some    Experienced  
**Date Perfexion™ was installed** \_\_\_\_\_ **or scheduled to be installed** \_\_\_\_\_

**Hospital & Department:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Attendance at this Gamma Knife Perfexion™ Radiosurgery course does not imply or confirm competency to perform stereotactic radiosurgery. A certificate of attendance will be awarded to those who participate in ALL of the lectures. Acknowledgement: (Must be signed to be accepted into the course.)** \_\_\_\_\_

**Cancellation policy: 50% refund up to 14 days prior to commencement of the course. No refunds after 14 days but registration is transferable. Minimum of five attendees required per course.**

- Tuition:**
- Leksell Gamma Knife® PERFEXION™ Upgrade Course 3 days**  
\$3,000 (Includes course syllabus, breakfast & lunch each day, and two dinners)
  - Leksell Gamma Knife® PERFEXION™ Introductory Course 5 days**  
\$6,000 (Includes course syllabus, breakfast & lunch each day, and two dinners)
  - Kosher meals \$200 additional.    Vegetarian (no additional charge)

**Payment:**    **\$500 deposit is required at the time of registration.**  
Tuition must be paid in full prior to the start of the course.  
Make checks payable to:  
**Cleveland Clinic Educational Foundation**

**Registration:**   Payment by check should be mailed with this form to:  
**Cleveland Clinic**  
**Rosemary Vernick**  
**Neurological Institute**  
**9500 Euclid Avenue, JJ36**  
**Cleveland, OH 44195**

Payment by  American Express    Visa    Discover Card    MasterCard  
May be faxed to: **216-445-9999**

**Credit Card Number:** \_\_\_\_\_ **Amount to be charged: \$** \_\_\_\_\_

**Name on the card:** \_\_\_\_\_ **Exp Date** \_\_\_\_\_ **3-digit verification code** \_\_\_\_\_

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

*(Once faxed, do not mail original registration form)* **Questions?** Contact Rosemary Vernick by phone, 216-444-7591, or by e-mail [vernicro@ccf.org](mailto:vernicro@ccf.org)