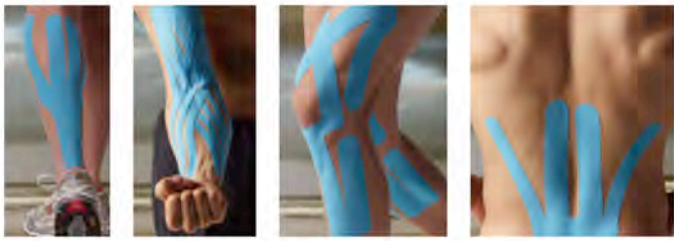


SpiderTech™ Level I Certification Training

2010 Dates & Locations

DATE	CITY
March 13, 2010	Chicago, Illinois, USA
March 20, 2010	Vancouver, British Columbia, CAN
March 27, 2010	Los Angeles, California, USA
April 10, 2010	New Jersey/ New York, USA
April 17, 2010	Montreal, Quebec, CAN
April 24, 2010	San Francisco, California, USA
May 1, 2010	Miami, Florida, USA
May 15, 2010	Atlanta, Georgia, USA
May 22, 2010	New York, USA
May 29, 2010	Phoenix, Arizona, USA
June 5, 2010	Seattle, Washington, USA
June 12, 2010	Calgary, Alberta, CAN
June 19, 2010	Boston, Massachusetts, USA
June 26, 2010	Toronto, Ontario, CAN
July 10, 2010	Dallas, Texas, USA
July 10, 2010	Philadelphia, Pennsylvania, USA
July 17, 2010	Portland, Oregon, USA
July 24, 2010	Colorado, Denver, USA
July 31, 2010	London/Kitchener/Waterloo, Ontario, CAN
August 7, 2010	Cincinnati, Ohio, USA
August 14, 2010	Halifax, Nova Scotia, CAN
August 21, 2010	Baltimore, Maryland, USA
September 18, 2010	Kansas City, Missouri, USA
October 2, 2010	San Antonio, Texas, USA
October 16, 2010	Orlando, Florida, USA
October 30, 2010	Raleigh, North Carolina, USA
November 13, 2010	Pittsburgh, Pennsylvania, USA
November 20, 2010	Toronto, Ontario, CAD
November 20, 2010	Albuquerque, New Mexico, USA



Basic Theory and Application Course Registration (FAX)

Location:		Date:	
Name:			
Professional Designation:		License No.	
Address:			
City:		State/Province:	
Zip/Postal Code:		Country:	
E-mail:			
Phone:		Fax:	
STUDENTS *ONLY STUDENTS IN THEIR FINAL YEAR OF STUDIES OR DURING THEIR CLINICAL ROTATION ARE ABLE TO ATTEND.			
College/University currently attending:			
Major/Degree Program:			
CREDIT CARD INFORMATION			
<input type="checkbox"/> Health Care Practitioner \$350 USD		<input type="checkbox"/> Student \$250 USD	
Credit Card Number:		Expiry Date:	
Name as it appears on card:			
_____		_____	
Signature		Date	
I agree to pay the above amounts for the sole use of Registration in the SpiderTech™ Basic Theory and Application Course			
Please send confirmation by:		<input type="checkbox"/> Email	<input type="checkbox"/> Mailing Address
		<input type="checkbox"/> Fax	
Cancellations & Refunds: Registration fee, less 20%, will be refunded if written cancellation is received at least 15 days prior to the seminar. No refunds will be given after that date. Nucap Medical Inc. reserves the right to cancel at any time with full refund.			
NUCAP USE ONLY: <input type="checkbox"/> PAYMENT CONFIRMATION <input type="checkbox"/> REGISTRATION CONFIRMATION			

**ONCE REGISTRATION FORM IS COMPLETED PLEASE FAX OR
E-MAIL to: training@nucapmedical.com**



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