

Hands-On Cadaver Workshops

Rotating Location Program



Course content

Endoscopic Spinal Surgery – Lumbar Spine

- > Transforaminal endoscopic access (TESSYS®)
- > Interlaminar endoscopic access (iLESSYS® Standard)
- > Endoscopic facet joint denervation (MultiZYTE RT)
- > Interventional Endoscopic Nucleus Therapy (intENTS®)

Description

Day one is focused on the endoscopic transforaminal access to the spinal canal for the treatment of lumbar disc herniations and stenosis. On the second day, the focus lies on the extension of knowledge of the transforaminal access as well as on the interlaminar access at L5/S1. Additionally, pain therapy methods for endoscopic rhizotomy will be learned. Anatomical basics, latest scientific findings and practical hands-on training of these methods on cadavers are part of the course.

Target group

Physicians from different disciplines experienced in minimally invasive surgery techniques for decompression and pain therapy (microsurgical, endoscopic) of the lumbar spine.

Please understand that course participants must meet preliminary criteria.



Pain physicians must meet preliminary criteria.

Excerpt of our General Terms and Conditions

1. Workshop Registration / Placing the order

Registration for the joimax®, Inc. Education Program must be in writing via this application form or online (www.joimax.com). Participation is confirmed upon receipt of payment. No claim can be asserted by the applicant.

2. Order Confirmation and Payment

Registration will be confirmed via email with a copy of the paid invoice and represents a mutually binding obligation.

3. Cancellation of Workshops

No cancellation fee applies if cancelled a month or more before the course. If cancelling within 2-4 weeks prior to the course, a 50% deposit is applied. If cancellation occurs less than two week prior to the course, the course registration fee is forfeited.

Please note that cancellations must be submitted in writing.



2017

Hands-On

joimax® Education Program

Workshop Dates USA

Hands-On Cadaver Workshops

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The following course dates are available for 2017. Please check the appropriate date, complete and sign the form and email or fax it back to us.

Fax: 949-859-3473

Mail: liz.burbank@joimaxusa.com

Workshops 2017

January 27 th and 28 th	Tampa, Florida	<input type="checkbox"/>
March 31 st and April 1 st	Irvine, California	<input type="checkbox"/>
May 5 th and 6 th	Irvine, California	<input type="checkbox"/>
June 9 th and 10 th	Baltimore, Maryland	<input type="checkbox"/>
July 21 st and 22 nd	Irvine, California	<input type="checkbox"/>
September 8 th and 9 th	Irvine, California	<input type="checkbox"/>
November 10 th and 11 th	Tampa, Florida	<input type="checkbox"/>
December 8 th and 9 th	Irvine, California	<input type="checkbox"/>

A description of the course content can be found on the back of this flyer.
More workshop dates are available on request or on www.joimax.com/workshops.

Course

\$1490 per participant and include joimax® scrubs and all applicable taxes.

Course and personal X-ray protection package

\$2990 per participant including a custom joimax®, monogrammed gown, thyroid shield, X-ray glasses, joimax® scrubs and all applicable taxes. Ordering details such as sizing and monogramming will be finalized at the workshop.

Hotel recommendation

You will receive special group hotel pricing and reservation information upon receipt of workshop registration. joimax® rates are available until 4 weeks prior to the event. All travel and accommodation arrangements are the responsibility of each participant.

Payment conditions

Advance payment must be made in full prior to the course date. An invoice will be sent upon receipt of the registration form.

Payment Method

(please check one)

- CHECK
- VISA
- MC
- AMEX
- DISCOVER

Make payable to joimax®, Inc. A credit card is required as a deposit until the check has cleared.

Credit Card Number: _____

Print Card Holders Name: _____

Signature of Card Holder: _____

Expiration Date (MM/YY): _____

VCode (Security Code): _____

Billing Zip: _____

Orders can be faxed with credit card payment only.

Checks must be mailed to:

joimax®, Inc., 14 Goodyear, Suite 145, Irvine, CA 92618-3759
 Phone +1 949 859 3472 Fax +1 949 859 3473

Please write in block letters or fill out electronically.

Participant Ms.

Mr.

 Surname, First name, Title

 Department, Function

 Clinic / Private Practice

 Company

 Street, House Number (Clinic / Private Practice)

 ZIP, City (Clinic / Private Practice)

 Country

 Telephone Number for any inquiries

 E-Mail

Participation in the event is selected as part of a training activity. There is no restriction of competition and / or statutory guidelines. I hereby accept the terms and conditions of the joimax® Inc. (see backside) and would like register for the selected course (see left).

Please bill to

Participant

Institute

Upon signature, I hereby understand that submission of this form does not guarantee participation in this course until preliminary criteria has been met!

Date / Signature