EXCITE MEDICAL
BRINGING NEW, INTELLIGENT MEDICAL INNOVATIONS!

Event Sign Up Form

December 12th, 2026

Attendee Name

Practice Name: _____

Provider Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Mobile: _____ Email: _____

Your Order Information

Item:	Description:	Price:	Quantity:	Total:
[ ] MW	**Decompression Success workshop** **(Staff must be with Doctor/Clinic Owner)**	**$99.00**	—	

Excite Medical Headquarters

Location: 4710 Eisenhower Blvd, Suite A-12
Tampa, FL 33634

Subtotal: _____

_____ Doctor/ Clinic Owner Acknowledges that staff will be accompanied by them.
Initials

Card Number: _____ Exp: / _____

Card Type: VISA American Express MasterCard

Authorized Amount: $_____ CVC Code: _____

I, _____ authorize EXCITE MEDICAL to charge the above referenced credit card for this order. I understand that subject to the conditions of cancellation by EXCITE MEDICAL, that otherwise all sales are final

_____ _____ _____
Print Name Card Holder Signature Date

Please fax/email your order to +1-888-408-0407/ events@excitemedical.com