



### Clinical In-Service Training Application Form

\* indicates required information

Customer Name\* \_\_\_\_\_

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Contact\* \_\_\_\_\_

Phone\* \_\_\_\_\_ Fax \_\_\_\_\_

Email\* \_\_\_\_\_

Serial number\* \_\_\_\_\_ Sciton system information: Check  modules that apply to your system you wish to cover during training

Modules:  Halo  diVa  Contour  Profractional  1064nm  BBL  Moxi  1319nm

1 day training includes 1-2 modules – 1 ½ days training includes 3 modules – 2 days training includes 4 modules – 2 ½ days includes 5 modules – 3 days training includes 6 modules see pricing below

Accessories:  Zimmer chiller  contact cooler  smoke evacuator with fresh tubing and filter

#### List of Attendees\*

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

All clinicians must participate in didactic and treat one patient model to receive Sciton Certificate

#### Payment option information\*

Check enclosed  Credit card  Success Builder Points (1 point = \$500)

Credit card number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

#### Charge my credit card/Success Builder Points:

- \$3,500 or 7 Success Builder Points- 1 day in-service training (1-2 modules)
- \$4,500 or 9 Success Builder Points- 1 ½ days in-service training (3 modules)
- \$5,500 or 11 Success Builder Points- 2 days in-service training (4 modules)
- \$6,500 or 13 Success Builder Points- 2 ½ days in-service training (5 modules)
- \$7,500 or 15 Success Builder Points- 3 days in-service training (6 modules)

Sciton is required to collect and remit any and all Federal and provincial sales tax

Credit card authorization:

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Cancellation Policy

***Cancellation of paid training incur the following fees:***

***More than 4 weeks till scheduled training      No fee/100% Refund***

***Within 4 weeks of scheduled training      \$1500 fee/Refund of balance***

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**Signature**

**Date**

*\* In order to schedule Clinical Training your system must be inspected by our Service Dept. within the past 12 months.  
Please contact Service with any questions 650-543-8371*

**Please email this form to: [clinical-in-service@sciton.com](mailto:clinical-in-service@sciton.com) or  
mail to: Sciton, Inc.925 Commercial St. Palo Alto, CA 94303**