

MICHIGAN EAR INSTITUTE
TEMPORAL BONE SURGICAL DISSECTION COURSE
Registration Form

5-Day Courses

March 9-13, 2026

March 8-12, 2027

March 6-10-2028

November 2-6, 2026

November 1-5, 2027

November 6-10, 2028

Fees

☐ **Physicians: \$1600.00**

☐ **Residents \$1400.00**

Name: _____ Degree: _____

Address _____

City _____ State _____ Zip _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Type of Practice: ☐ Private Practice

☐ Hospital Based Practice

Physician in Training: Year _____ Residency Program _____

Drill Preference: ☐ Right-Handed

☐ Left-Handed

How did you hear about the course? _____

Special Dietary Needs? _____

Payment Method (Please type):

☐ Visa

☐ Mastercard

☐ AMEX

☐ Check Enclosed

Name on Card _____

Billing Address for Card _____

Account Number _____ Sec Code _____ Exp Date: _____

Signature: _____ Billing Zip Code _____

Checks: Please make checks payable to **Michigan Ear Institute** and return with registration form to: Michigan Ear Institute, ATTN: Angie Kmiecik, 30055 Northwestern Hwy., #101, Farmington Hills, MI 48334 FAX # 248-865-4121

For more information please contact: **Angie Kmiecik / 248-865-4135 / akmiecik@michiganear.com**