Intraoperative course – MIS

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates:** | 20 & 21 June 2016 | **Visitation Centre:** | Dr. Durny |
| **Duration:** | 2 day | **Location:** | Neurosurgery Clinic UVN (Ružomberok, Slovakia) |

|  |  |
| --- | --- |
| **Day 1:** | **Activity:** |
| **Times to be confirmed.** | 07:45 Arrival  08:00 Case presentation/discussion (DLIF (XLIF), OLIF, MIS; Thoracolumbar spine, DDD) |
| **Day 2:** | **Activity:** |
| **Times to be confirmed.** | 07:45 Arrival  08:00 Case presentation/discussion (DLIF (XLIF), OLIF, MIS; Thoracolumbar spine, DDD) |

|  |  |  |  |
| --- | --- | --- | --- |
| **HCC Life Information requirements** | | | |
| **HCC Life Hours:** | 14 | **Visiting Market:** | Russia. |

**HCC COMPLIANCE REQUIREMENT:**

Following this EMEA Visitation, as the representative for J&J you are required to sign and return this document within 2 days of the service taking place.

I can confirm that the Host surgeon performed the services required as per this agenda.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Signature: |  | | |

It is imperative that you advise us of any agenda changes that could affect service days (if the agenda is different to the version attached, please send a copy of the final meeting agenda).

Your immediate response is appreciated so we can issue payment notification to faculty by way of a pro-forma invoice.