



# Cowgirl Hair Loss Workshop

Focusing on the Art and Science of Helping Female Hair Loss Patients

ISHRS Regional Workshop  
Hosted by Carlos J Puig DO, ABHRS  
Houston, Texas, USA  
March 18-20, 2022

## REGISTRATION FORM

Name: \_\_\_\_\_ Circle: MD DO MBBS MBChB PhD

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Region: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail (required): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Please include country code for Telephone and Fax*

Emergency Contact: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Emergency Contact's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If applicable, special dietary request (Vegetarian, Vegan, Kosher): \_\_\_\_\_

**Cancellation/Refund Policy:** Registration fees, less a \$150 (USD) administration fee, will be refunded upon written notice of cancellation to the Workshop Registrar received on or before March 1, 2022. There will be no refund of fees for cancellation or for lack of attendance without notification. It is your responsibility to ensure that your cancellation request has been received by the workshop Registrar. "No shows" that have not pre-paid will be invoiced for the total registration fee.

### Registration Fees:

Fees are denoted in U.S. Dollars.

- Physician – ISHRS Member .....\$750.00
- Physician- ISHRS Member Pending.....\$850.00
- Physician – Non Member .....\$950.00

### Payment:

If paying by check, make payable in U.S. dollars to:  
*Physicians' Hair Restoration Center*

If paying by credit card:  Visa  MasterCard  Discover

TOTAL: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Allow 5 business days for processing. A confirmation letter will be emailed to you. If you do not receive a confirmation letter, please contact the PHRC office 1-713-974-1808. If paying by credit card, a charge from *Physicians' Hair Restoration Center* will appear on your next statement.

Questions? Contact the Workshop Registrar, Diana Rohani, at telephone 1-713-974-1818 or e-mail [frontdesk@HairRestorationHouston.com](mailto:frontdesk@HairRestorationHouston.com).

**Fax completed form to: 1-713-974-1811 or scan/email to: [frontdesk@HairRestorationHouston.com](mailto:frontdesk@HairRestorationHouston.com)**

# ISHRS Cowgirl female Hair Loss Regional Workshop – March 18-20 and April 23, 2022

## Attendee Participation Agreement

I hereby request to attend the International Society of Hair Restoration Surgery's ("ISHRS") Cowgirl Female Hair Loss Regional Workshop to be held March 18-20 and April 23, 2022, in a virtual format ("Meeting"). In exchange for being permitted to attend the Meeting and the benefits derived from such participation, I knowingly and voluntarily sign and agree to be bound by this Attendee Participation Agreement ("Agreement"):

1. **Directions, Rules, Policies, and Procedures.** I shall abide by all ISHRS directions, rules, policies and procedures for the Meeting. The ISHRS may remove me from the Meeting, if I violate any ISHRS directions, rules, policies, or procedures for the Meeting.
2. **Meeting Information Acknowledgement, Disclaimer, and Waiver.** The information provided at the Meeting, including through presentations, lectures, workshops, courses, papers, displays, handouts, roundtables, and exhibitors (collectively, "Information") is for educational purposes only. The ISHRS is an international organization with members, presenters, instructors, and exhibitors from throughout the world. I acknowledge:
  - i. The Information provided may not reflect practices, methodologies, or approaches, which are consistent with the standards of care, medical ethics, laws, rules, and regulations of the jurisdiction(s) in which I practice medicine;
  - ii. The Information provided is not intended to be, nor should it be construed as, suggesting the applicable standard of care, or the only, or the best practice, methodology, or approach for the medical situations, or issues discussed;
  - iii. The approaches, views, statements, and opinions expressed by presenters, instructors, exhibitors, participants, and others at the Meeting are those of the person expressing them, not the ISHRS, or any other person, and may not reflect the approaches, views, statements, and opinions of the ISHRS;
  - iv. The ISHRS makes no representations, or warranties regarding the accuracy, completeness, or usefulness of the Information provided at the Meeting and disclaims all representations and warranties to the contrary;
  - v. MY USE OF ANY INFORMATION I RECEIVE AT, OR FROM THE MEETING, IS AT MY SOLE RISK, AND I AM SOLELY RESPONSIBLE FOR ASSESSING AND DECIDING WHETHER, AND TO WHAT EXTENT, TO USE THE INFORMATION I RECEIVE AT OR FROM THE MEETING; AND
  - vi. THE ISHRS IS NOT LIABLE FOR MY USE OF ANY INFORMATION I RECEIVE AT OR FROM THE MEETING, AND I KNOWINGLY WAIVE ALL CLAIMS TO THE CONTRARY.
3. **Exhibition Acknowledgement, Disclaimer, and Waiver.** The Meeting's exhibition is designed to educate persons involved, or interested in, hair restoration about products and services related to hair restoration. With respect to the Meeting's exhibition, I acknowledge:
  - i. An exhibitor's participation in the Meeting's exhibition is not intended, nor shall it be construed as, an endorsement by the ISHRS of the exhibitor, its products and/or services, or information provided by the exhibitor;
  - ii. The ISHRS has not investigated or evaluated the exhibitors, their products, services, or the information they may provide;
  - iii. The exportation, importation, and/or use of goods and/or services provided by an exhibitor may not be consistent with the standard of care or medical ethics and/or permitted under the laws, rules, and regulations of the jurisdiction(s) in which I practice medicine;
  - iv. I am solely responsible for: deciding which exhibit(s), if any, to visit; investigating and assessing the exhibitor's products and/or services; investigating and assessing the accuracy, completeness, and usefulness of the information provided by exhibitors; and determining whether to make a purchase from an exhibitor;
  - v. If I make a purchase from an exhibitor, I am entering into a contract with the exhibitor, not the ISHRS. The ISHRS has no liability or responsibility for such contracts. I am solely responsible for investigating and deciding whether to enter into any contracts with an exhibitor. My decision to enter into a contract with an exhibitor, and my acceptance or use of their goods or services, is at my own risk. I KNOWINGLY AND VOLUNTARILY WAIVE ALL CLAIMS TO THE CONTRARY.
  - vi. NEITHER THE ISHRS NOR ITS AFFILIATES, DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, CONTRACTORS, OR AGENTS MAKE ANY WARRANTY OR REPRESENTATION WITH RESPECT TO THE EXHIBITORS AND THEIR GOODS, SERVICES, AND INFORMATION AND HEREBY DISCLAIMS ALL WARRANTIES OF ANY KIND, WHETHER EXPRESS OR IMPLIED, STATUTORY OR OTHERWISE, INCLUDING, BUT NOT LIMITED TO, ANY WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.
4. **Publicity Release.** I grant the ISHRS an unconditional, worldwide, fully transferable, fully sub-licensable, perpetual, irrevocable, royalty free right (but not the obligation) to photograph, record (audio and visual), digitize, reproduce, distribute, prepare derivative works based on, publicly perform, publicly display, and otherwise use and exploit my name, image, likeness, and voice, as they may appear in photographs and recordings (audio and visual) relating to the Meeting, in all formats now known, or hereafter created, for any and all purposes, including advertising, trade and commercial purposes. I ACKNOWLEDGE THE ISHRS IS THE EXCLUSIVE OWNER OF THE SUCH PHOTOGRAPHS AND RECORDINGS, AND I HAVE NO RIGHT TO INSPECT OR APPROVE THE ISHRS'S USE OF MY NAME, IMAGE, LIKENESS, OR VOICE.
5. **Meeting Material Rights.** I acknowledge that all copyrights and other property rights in the presentations, courses, handouts, and other materials presented, or provided at the Meeting (collectively, "Materials"), are owned by the ISHRS, or its third party licensors. The ISHRS and/or its third party licensors reserve all rights in the Materials. I MAY NOT RECORD OR REPRODUCE ANY PORTION OF THE MEETING IN ANY MANNER (E.G., PHOTOGRAPH, AUDIO, OR VISUAL). THE ISHRS MAY DISMISS ME FROM THE MEETING, IF I VIOLATE THIS RULE.
6. **Confidential Information.**
  - 6.1. **Patient Volunteers.** Volunteers may participate in the meeting as patients for demonstration and other educational purposes. I SHALL KEEP CONFIDENTIAL THE IDENTITY OF AND ANY INFORMATION I MAY LEARN DURING THE MEETING REGARDING ANY VOLUNTEER PATIENT.
7. **Universal Precautions.** I shall adhere to universal precautions during the Meeting, and conform to all proper medical practices and procedures for the treatment of patients for whom no medical history is available, when coming into contact with such patients, as well as with cadaveric specimens, or cadaveric material. In the event that I incur a needle stick injury, cut, or other exposure to blood borne pathogens, I shall immediately notify the ISHRS and take such other follow-up measures as deemed appropriate.
8. **LIABILITY RELEASE, CLAIMS WAIVER, AND COVENANT NOT TO SUE.** TO THE FULLEST EXTENT POSSIBLE, PURSUANT TO APPLICABLE LAW, I KNOWINGLY, VOLUNTARILY, AND IRREVOCABLY RELEASE FROM ALL LIABILITY, INCLUDING NEGLIGENCE, WAIVE ALL CLAIMS AGAINST, AND COVENANT NOT TO MAKE OR BRING ANY CLAIM AGAINST THE ISHRS AND/OR ITS AFFILIATES, DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, CONTRACTORS, AGENTS, OR AGAINST THE PRESENTERS OR SPEAKERS (COLLECTIVELY, "RELEASED PERSONS") IN ANY WAY ARISING OUT OF OR RELATED TO: (I) THE MEETING; (II) MY ATTENDANCE AT, OR PARTICIPATION IN, THE MEETING; (III) THE INFORMATION PROVIDED AT THE MEETING; (IV) THE EXHIBITION, OR ANY EXHIBITOR; AND/OR (V) THE ISHRS'S EXERCISE OF THE RIGHTS GRANTED BY ME TO THE ISHRS UNDER THIS AGREEMENT.
9. **DEFENSE, INDEMNIFICATION, AND HOLD HARMLESS.** I SHALL DEFEND, INDEMNIFY, AND HOLD HARMLESS THE RELEASED PERSONS AGAINST ALL CLAIMS, DEMANDS, LOSSES, DAMAGES, AND EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES AND COSTS INCURRED IN DEFENDING THE SAME), IN ANY WAY ARISING OUT OF, OR RELATED TO: (I) MY ACTS OR OMISSIONS; (II) MY ATTENDANCE AT, OR PARTICIPATION IN, THE MEETING; (III) MY USE OF ANY INFORMATION PROVIDED AT THE MEETING; (IV) MY PURCHASE OR USE OF ANY EXHIBITOR'S GOODS, SERVICES, AND/OR INFORMATION; (V) THE RIGHTS GRANTED BY ME TO ISHRS UNDER THIS AGREEMENT; AND/OR (VI) MY BREACH OF THIS AGREEMENT.
10. **DISCLAIMER OF WARRANTIES.** THE MEETING, THE INFORMATION, AND THE EXHIBITION ARE PROVIDED AS-IS WITH ALL FAULTS, AND WITHOUT ANY REPRESENTATIONS OF WARRANTIES OF ANY KIND, EXPRESS, IMPLIED, OR STATUTORY, INCLUDING, ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW.
11. **No Financial Compensation.** I shall not receive any financial compensation as condition for this Agreement, or the rights granted by me to ISHRS hereunder.
12. **Miscellaneous.** This Agreement is governed by and construed in accordance with the substantive laws of the State of Illinois, excluding its choice of law rules. If any provision of this Agreement is invalidated, or held unenforceable, the invalidity, or unenforceability of that provision shall not affect the validity, or enforceability of this Agreement. As to any provision found to be invalid or unenforceable as written, the same shall not be void, but rather shall be reformed and enforced to the maximum extent permissible under applicable law, as if originally executed in that form by me. If the ISHRS agrees to waive its right to enforce any term of this Agreement, it does not waive its right to enforce the term, or any, or all other terms, of this Agreement at any other time. This Agreement is binding on me and my heirs, executors, administrators, legal representatives, successors and assigns.

I HAVE READ THIS AGREEMENT AND UNDERSTAND ALL OF ITS TERMS AND CONDITIONS. I UNDERSTAND THAT IF I SIGN BELOW I AM ENTERING INTO A LEGAL AGREEMENT, WHICH WILL BIND ME TO THE TERMS OF THIS AGREEMENT AND THAT BY SIGNING THIS I AM GIVING UP LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE ISHRS.

Print Name

Signature

Date