

2017 Physics Only Weekend Enrollment

Mr. Ms. Miss Mrs. Dr.

Name: _____

Credentials that you hold: RDMS RDCS RVT RVS RCS RT RN PA MD DO DC

Birthday: _____ ARDMS #: _____ CCI #: _____ SDMS #: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Email Address: _____

Cell Home Work

Select Seminar Location

CITY

- Los Angeles, CA April 8 - 9
 Phoenix, AZ October 14 - 15

DATE

Tuition

SONOGRAPHER

PHYSICIAN

Ultrasound Physics - SPI \$275 \$375

Tuition includes comprehensive course materials, light continental breakfast, and beverage breaks.

Method of payment: Check/Money order (enclosed) or Please charge my: MasterCard Visa Discover

Card No.: _____ Exp Date: _____

Tuition \$: _____ Card Code: _____
(3 digit)

Signature: _____

There are 4 Ways to Register:

1) ONLINE - www.esp-inc.com

2) EMAIL ATTACHMENT - info@esp-inc.com

3) FAX: (281) 292-9430

4) MAIL - ESP, Inc. • PO Box 7439 • Woodlands, Texas 77387-7439

Personal checks payable to ESP, Inc. must arrive 4 weeks prior to seminar.