

2018 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 21 - 22
 Phoenix, AZ October 13 - 14

DATE

Tuition

SONOGRAPHER

PHYSICIAN

Ultrasound Physics - SPI \$325 \$425

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 Ultrasound • PO Box 7439 • Woodlands, Texas 77387-7439
- Personal checks payable to ESP Ultrasound must arrive 4 weeks prior to seminar.