

PHYSICS & SPECIALTY WEEKEND ENROLLMENT FORM

Late and on-site registrations subject to a \$50 late fee.

Name _____ Mr. Ms. Miss Mrs. Dr.

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

Birthday _____ ARDMS# _____ CCI# _____ SDMS# _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

PLEASE ENROLL ME IN:

MORNING COURSES

(select only one - each class all 3 days):

- Ultrasound Physics - SPI
- Fetal Echocardiography
- Musculoskeletal
- Pediatric Echocardiography
- Pediatric Sonography

AFTERNOON COURSES

(select only one - each class all 3 days):

- Abdominal Sonography
- Adult Echocardiography
- Breast Sonography
- Obstetric & Gynecologic Sonography
- Vascular Technology

SELECT SEMINAR LOCATION

LOCATIONS

- Birmingham, AL
- Pittsburgh, PA
- Dallas, TX
- Parsippany, NJ
- Orlando, FL
- Las Vegas, NV
- Chicago, IL
- Houston, TX
- Washington, DC

DATE

- March 8 - 10
- April 5 - 7
- April 26 - 28
- June 7 - 9
- July 12 - 14
- August 2 - 4
- September 6 - 8
- September 20 - 22
- October 11 - 13

ENROLLMENT FEE

\$ _____

(see page 13)

Registration tuition includes course materials, continental breakfasts and beverage breaks.

Payment Method

Check/Money order (enclosed) or charge my: MasterCard Visa Discover

Card No. _____ Exp Date _____

Signature _____ 3-Digit Code _____

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.