

## REGISTRATION FORM

CID #		Event Date(s)	September 10-11, 2018
Event Title	<b>Focused Ultrasound Course</b>		

### PARTICIPANT PROFILE

Name					
Credentials		Specialty			
Birthdate (mm/dd)				Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Affiliation					
Address					
City		State		ZIP	
Phone			Email		
ADA Needs/Special Dietary Request					

### REGISTRATION FEE: \$1995

<input type="checkbox"/> Check or money order is enclosed	
<input type="checkbox"/> Charge to my <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa  <small>*2.75% processing fee applicable on all credit card transactions*</small>	Card Number
	Expiration Date
	Three Digit Verification Code
	Cardholder's Name
	Signature
<input type="checkbox"/> Cost Center Number	

RETURN TO: Attention : Michelle Thomas

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Email: michelle.thomas@unmc.edu Website: unmc.edu/anesthesia/echo

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