

**Introduction to
Emergency Ultrasound**

Registration

(Please print)

Name _____

MD DO Other _____

Address _____

City _____

State _____ Zip _____

Phone _____

E-mail _____

Fee: \$595

Make check payable to:
University of Maryland
Emergency Medicine

And send to:
Emergency Ultrasound Course
Department of Emergency Medicine
Sixth Floor, Suite 200
110 South Paca Street
Baltimore, MD 21201

Cancellation Policy

Cancellations will be accepted prior to 1 month before each course, and tuition will be refunded, less a \$100 administrative fee. No cancellations will be accepted after 1 month prior to each course, but if you cannot attend, you may designate someone else to attend in your place.

Course

Please indicate the course for which you are registering:

- November 13 and 14, 2008
- February 19 and 20, 2009
- May 7 and 8, 2009

To maintain a proper instructor-to-student ratio, class size will be limited. Class spaces will be filled in the order that registration materials are received.

If you have any questions, please contact Brian Euerle, MD, RDMS, at 410-328-8025 or beuerle@smail.umaryland.edu.

Registration

Form