

2-Day Hands-On Ultrasound Workshop

AMA PRA Category 1™

Critical Care Ultrasound

1-2 April 2010

International Conference Center, Cairo Egypt

Please complete the following form and make payment by Sunday, 28 March 2010.

Fields with an asterisk (*) next to them are required.

Please fax to to Advanced Health Education Center (e-fax# +1 713 481 0891)

A confirmation will be sent to your e-mail address within 48 hours. You may also call (toll-free) +1 800 342 6704 for confirmation.

Contact Information

Title _____ First Name* _____ Last Name* _____ Credentials _____

E-mail Address* _____

Address* _____

City* _____ State/Province* _____ Country* _____ Post Code* _____

Daytime Phone* _____ Mobile Phone _____ Fax Number _____

Job Title* _____ Primary Job Function* Physician Sonographer Technologist Nurse Other

Company Name _____

Payment Information

Workshop Fee \$399 USD per person [Note: Participants in this workshop will also be required to register for the MEDICONEX conference.]

Payment Method* Credit Card Bank Draft *If paying with a Bank Draft, we will send you an e-mail with further instructions.*

If paying with a Credit Card: Credit Card Type: VISA MasterCard American Express Discover

Name on Credit Card _____

Credit Card Number _____ Expiration Date _____

Billing Address Same as home address Different billing address (Provide different address below.)

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