2014 RPVI Enrollment

❑ Mr. ❑ Ms. ❑ Miss ❑ Mrs. ❑ Dr.

Name: _____

Credentials that you hold: ❑ MD ❑ DO ❑ RDMS ❑ RDCS ❑ RVT ❑ RVS ❑ RCS ❑ RT ❑ RN

Address: _____

_____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

E-mail Address: _____

Method of payment: ❑ Check/Money order (enclosed) or
❑ Please charge my: ❑ MasterCard ❑ Visa ❑ Discover

Card No.: _____

Signature: _____ Exp. Date: _____

Select Seminar Date

	CITY	DATE
❑	Chicago, IL	March 15 – 16
❑	Chicago, IL	September 13 – 14

Enrollment Fees

❑ $595 Physicians

❑ $495* Fellow, Resident, Nurse, PA, Sonographer

*Registrants with reduced tuition must submit with the registration form proof of licensure, business card, or a letter on official letterhead signed by a department supervisor verifying status.

Registration fees include comprehensive course materials, continental breakfasts and beverage breaks.

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, Inc. · PO Box 7439 · Woodlands, Texas 77387-7439

(Make checks payable to ESP, Inc.)