GULFCOAST ULTRASOUND INSTITUTE INC

Course Information Sheet

Name: _____ Credential(s)_____
(as you would like it to appear on your certificate)

Address:_____

_____

Phone Number:_____ Email Address:_____

Course: _____

Date: _____ Tuition: $_____

1. Are you a Gulfcoast Alumni? ☐ YES ☐ NO If yes, what course did you attend?_____

2. What is your specialty? _____

3. What ultrasound **EQUIPMENT BRAND/MODEL** do you use?_____

4. Select the number of diagnostic US scans you have personally **performed** for this modality in the past 3 months. **0 < 50 Scans _____ 50-100 Scans _____ 101-199 Scans _____ 200+ Scans _____ None _____**

5. Select the number of diagnostic US scans you have personally **interpreted** for this modality in the past 3 months. **0 < 50 Scans _____ 50-100 Scans _____ 101-199 Scans _____ 200+ Scans _____ None _____**

6. What do you expect to accomplish by attending this program?_____

_____

7. What 3 questions would you like to have answered during this course?

1. _____
2. _____
3. _____

8. Would you like to be sent information from ultrasound equipment companies? ☐ YES ☐ NO

9. I am attending this course: ☐ By myself ☐ With another student:_____
Name of student

10. Leaving early on the last day of the course? ☐ YES ☐ NO If yes, what time?

Form of Payment: ☐Check ☐Cash ☐Credit Card (Visa, MC, Disc, AMEX)

Credit Card #: _____

Expiration (mo/yr):_____ Security Code:_____ Billing Zip Code:_____

Please send this completed form along with payment to: **Gulfcoast Ultrasound Institute, 4615 Gulf Blvd., Ste. 205, St.Pete Beach, FL 33706** –OR— Fax this form to: (727) 363-0811

****Advanced Registration price is available **21 days** in advance of the course****