Gulfcoast Ultrasound Institute Course Registration Form

Name of Attendee (include title):_____

Course:_____

Course Date:_____ **Tuition:**_____

Address:_____

_____

Phone:_____ **Email:**_____

Specialty:_____

Scanning Experience

Scans *Performed*: None ___ 0-50 Scans ___ 50-100 Scans ___ 101-199 Scans ___ 200+ Scans ____

Scans *Interpreted*: None ___ 0-50 Scans ___ 50-100 Scans ___ 101-199 Scans ___ 200+ Scans ____

Brand of Equipment Used:_____

Gulfcoast Alumni? (Yes/No)_____ If Yes, which course?_____

Any "burning questions" you would like to have answered during course?

1._____

2._____

3._____

What do you expect to accomplish?_____

Will you be attending the course with anyone else?(if yes, who?_____

On the last day, what time do you need to leave by?_____

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

Credit Card #_____

Expiration (mo/yr):_____ **Security:**_____ **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*****