



Gulfoast 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: _____

Gulfoast 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:**

Gulfoast Ultrasound Institute, 111 2nd Ave. NE, Ste. 800, St. Petersburg, FL 33701

Or Fax this form to: (727)363-0811

***** Advanced registration price is available 30 days in advance of the course*****