## **Echo Lab: RS Meeting Submission Form**

Dates of Meetings:	
Contact Information Echo Lab Contact Person name: E-mail Address: Hospital Affiliation:	
Meeting Information	
Number of ASE CEU credits requested per meeting:	
Name of Echo Lab:	
Title of meeting series:	
Speaker(s):	
Length of time of actual echo-related subject matter presented during each meeting:	
Meeting Format (i.e. Lecture, cases, interactive, etc.):	
Location of meeting (provide complete name and address):	
Street Address:	
City:State:Zip Code	:
Expected attendance:	
Submission Requirements	
Attach a minimum of 5 general learning objectives which cover all aspects of your regular	ly scheduled meetings.
Signature Required  This form must be dated and submitted at least 5 days prior to your first meeting. The Antechocardiography must receive a Meeting Submission Form for each meeting that will off will be notified by letter once your meetings and number of ASE CEU credit hours have be provided with a CEU certificate template to be used for meeting attendees. Within 30 each meeting, you will be responsible for providing the ASE with a typed attendee list. The Echocardiography has the right to deny any Meeting Submission and/or the number of creating submission.	er ASE CEU credits. You een approved, and you will days of the conclusion of e American Society of
I understand and agree to comply with the above statements.	
X	_/_/_
Signature of Echo Lab Contact Person  *Your name typed above constitutes an electronic signature	Date
Submit, by email, mail, or fax, to:	
Ronna Vates: rvates@asecho.org	

American Society of Echocardiography 2100 Gateway Centre Boulevard, Suite 310, Morrisville, NC 27560 Phone: 919-861-5574; Fax: 919-882-9900; Web: www.asecho.org