

Echo Lab: ID Meeting Submission Form

Date of Meeting: ____/____/____

Contact Information

Echo Lab Contact Person name:

E-mail Address:

Hospital Affiliation:

Meeting Information

Number of ASE CEU credits requested / length of echo subject matter presented: _____

Proposed title of society meeting to be held: _____

Time of society meeting to be held (beginning time and ending time): _____

Location of meeting (provide complete name and address): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Speaker(s): _____

Provide an overview of content to be covered during this meeting: _____

Meeting Format (i.e. Lecture, cases, interactive, etc.): _____

List one learning objective for each hour of proposed content: _____

Submission Requirements

Attach a typed detailed agenda and program description of your meeting (including the names of speakers, topics to be discussed, breaks, meals, etc., and the times devoted to each).

Signature Required

This form must be dated and submitted at least 5 days prior to your meeting. ASE must receive a Meeting Submission Form for each meeting that will offer ASE CEU credits. You will be notified by letter once your meeting and number of ASE CEU credit hours have been approved within 3-5 business days, and you will be provided with a CEU certificate template to be used for meeting attendees. Within 30 days of the conclusion of the meeting, you will be responsible for providing the ASE with a typed attendee list. The American Society of Echocardiography has the right to deny any

Meeting Submission and/or the number of credit hours requested.

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:

American Society of Echocardiography
2100 Gateway Centre Boulevard, Suite 310, Morrisville, NC 27560
Email: dlyons@asecho.org Phone: 919-297-7153; Fax: 919-882-9900