

Meeting Submission Form

Date of Meeting: ___/___/___

Contact Information

Society Contact Person name:

E-mail Address:

Name of Local Society:

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: _____

Expected attendance: _____

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). If you wish to distribute flyers, activity announcements, etc., copies of all material should be sent to the ASE for approval.

Signature Required: This form must be dated and submitted at least 15 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 e-mail within 3-5 business days once your meeting and number of ASE CEU credit hours have been approved, and you will be provided with a CEU certificate template and attendance roster template to be used for meeting attendees. Within 30 days of the conclusion of the meeting, you will be responsible for providing ASE with a typed attendee list. ASE 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 Local Society Contact Person

*your name typed above constitutes an electronic signature

___/___/___

Date

Submit, by email, mail, or fax, to:

Email: Dallas Lyons III (dlyons@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