



I, \_\_\_\_\_, verify that I have received and have read the  
Print Name

Ultrasound model instructions for the AAEM Ultrasound Course(s) that will be held on Saturday, February 28, 2015, between the hours of 12:30pm-3:00pm and Sunday, March 1, 2015 between the hours of 7:30am-12:00pm at the Hilton Austin, 500 East 4<sup>th</sup> Street, Austin, TX.

I understand the instructions and agree to be one of the following models:  
(please check all that apply):

Transabdominal, Neck and Cardiac Model

Transvaginal Model

Testicular and Leg Extremity Model

Email: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed form to Kathy Uy, AAEM Meetings Manager, by fax:

414-276-3349 or email: [kuy@aaem.org](mailto:kuy@aaem.org).