

Echo Lab: ID Meeting Submission Form

Date of Meeting: ____/____/____

Contact Information

Echo Lab Contact Person Name: _____ Email Address: _____

Hospital Affiliation / CEU Program Name: _____

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):

Name: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Speaker(s): _____

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 the 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 7 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 email 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 attendance 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 Date

*Your name typed above constitutes an electronic signature.

Submit by email, physical mail, online or by fax to: ATTN: Dallas Lyons, DLyons@ASEcho.org