

# Echo Lab: RS Meeting Submission Form

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Dates of Meetings: \_\_\_\_\_

## **Contact Information:**

Echo Lab Contact Person Name: \_\_\_\_\_

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

Hospital Affiliation / CEU Program Name: \_\_\_\_\_

## **Meeting Information**

Number of ASE CEU credits requested (per meeting): \_\_\_\_\_

Title of Meeting Series: \_\_\_\_\_

Speaker(s): \_\_\_\_\_

Length of time of actual echo-related content 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: \_\_\_\_\_

Expected attendance: \_\_\_\_\_

## **Submission Requirements:**

Attach a minimum of 5 general learning objectives which cover all aspects of your regularly scheduled meetings.

## **Signature Required**

This form must be dated and submitted at least 7 business days prior to your first meeting. You will be notified by email once your meetings and number of ASE CEU credit hours have been approved. You will be provided with a CEU certificate template to be used for meeting attendees. Within 30 days of the conclusion of each 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, physical mail, online or by fax to: ATTN: Dallas Lyons, DLyons@ASEcho.org**

AMERICAN SOCIETY OF ECHOCARDIOGRAPHY INC.  
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