

# Meeting Submission Form

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Date of Meeting: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Contact Information

Society Contact Person Name: \_\_\_\_\_ Email 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):

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## 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 Local Society 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**