

2009 U-Learn Ultrasound Registration Form



REGISTRATION INFORMATION		
Course:	Date:	Cost:
Name:	License Number:	
Practice Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Email:		
Current System(s):	Date Purchased:	
Payment Options: <input type="checkbox"/> Check (Make Checks payable to: Universal Seminars)		
Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Card Number:	
Name on Card:	Signature:	

Education Policy

1. All courses, locations and prices may be subject to change without notice at the sole discretion of Universal Seminars.
 2. Confirmation is based on a first come, first served basis. Enrollment may be denied at any time if and when maximum course registration has been met. Registrants will receive confirmation within 5 business days from receipt of registration. Early registration is highly recommended to ensure availability.
 3. All confirmed registrations are non-cancelable and non-refundable and may not be applied to future courses. Submission of registration indicates acceptance of policies.
 4. Policies DO NOT govern special events or labs conducted with partnered sponsoring association or conventions.
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UNIVERSAL SEMINARS

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Email: UniversalSeminars@universalultrasound.com

Mail or Fax (914-666-2454)
completed form to:

Universal Seminars, 299 Adams
Street, Bedford Hills, NY 10507

Register Online:
universalultrasound.com