



Ultrasound Guidelines Council

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**UGC Field Certification and Continuing Education Program
June 20-25, 2010 – Harrison, Arkansas
REGISTRATION FORM**

Name _____

Mailing Address _____

State _____ ZIP _____ Cell phone _(_____) _____

Email _____

NOTE: Technicians will be notified of their certification dates ONLY via email.

I wish to register for:

- Field Certification and Education (\$525)
- Education only (\$25)

I will be using the equipment checked below during certification: Check one.

- Aloka (new)
- Aloka (old)
- Aquila
- Classic

My preferred certification dates

UGC will schedule certification dates on a first registration first scheduled basis. Thursday and Friday dates will only be used if necessary.

	Monday June 21	Tuesday June 22	Wednesday June 23	Thursday June 24	Friday June 25
First Choice (check one)					
Second Choice (check one)					
Third Choice (check one)					
Fourth Choice (check one)					

Agreement

I understand that UGC will make every effort to schedule my certification date according to my preferences, but that final decisions on dates will be made by UGC and communicated to me via email.

Signature Date _____

Registration must include payment and be received at the address shown above by June 7. Make checks to UGC.

For more information on this event see the UGC website at: <http://www.ultrasoundbeef.com/> or contact = Dr. Mike Tess, Executive Director at: mwtess@ultrasoundbeef.com or 406-581-9071.