Thyroid in Practice Advanced Ultrasound FNA Course Application Form

Name:			
Address:			
City:	State:	Zip code:	
Phone:	Cell:	Fax:	
E-Mail:		_	
Are you currently usi	ng ultrasound in your practic	e? YES NO	
Are you currently per	forming FNA biopsies? YES N	10	
Have you taken the B	asic Ultrasound Course from	AACE or Endocrine Society? YES NO	
Have you taken an Ad	dvanced Ultrasound Course?	YES NO	
Please describe your	current experience and comf	ort levels with ultrasound and FNA:	
What would you like	to achieve by taking this cou	rse?	
			
Course will be held at 3050 Bee Ridge Road	t the office of Dr. Mark Lupo		
Sarasota, Florida 342	39		
Telephone: (941) 342			
Fax: (941) 342-9788			
	oreferred course dates:		
Visit www.thyroidflo	rida.com for available course	dates	

Fax completed application to: (941) 342-9788, Attn: Debbie Lawrence

Course Fee: \$1,950.00

Note: Course participants will receive hands-on training in diagnostic ultrasound but will utilize an FNA simulator for practicing FNA techniques.