

REGISTRATION FORM

COURSE NUMBER	CME'S	COURSE	TUITION	COURSE NUMBER	CME'S	COURSE	TUITION
<input type="checkbox"/> 001	10	INTRODUCTION TO ULTRASOUND	\$275.00	<input type="checkbox"/> 014	30	VASCULAR TECHNOLOGY	\$475.00
<input type="checkbox"/> 002A	30	SONOGRAPHY PRINCIPLES AND INSTRUMENTATION	\$475.00	<input type="checkbox"/> 015	30	PEDIATRIC ECHOCARDIOGRAPHY	\$475.00
<input type="checkbox"/> 003	30	ULTRASONOGRAPHY OF THE ABDOMEN PART 1	\$475.00	<input type="checkbox"/> 017	30	ADULT ECHOCARDIOGRAPHY PART 1	\$475.00
<input type="checkbox"/> 004	30	ULTRASONOGRAPHY OF THE ABDOMEN PART 2	\$475.00	<input type="checkbox"/> 018	30	ADULT ECHOCARDIOGRAPHY PART 2	\$475.00
<input type="checkbox"/> 005	30	GYNECOLOGICAL ULTRASOUND	\$475.00	<input type="checkbox"/> 031	30	BREAST ULTRASOUND	\$475.00
<input type="checkbox"/> 006	30	OBSTETRICAL ULTRASOUND	\$475.00	<input type="checkbox"/> 032	30	MUSCULOSKELETAL ULTRASOUND (MSK)	\$475.00
<input type="checkbox"/> 008	15	NEUROSONOLOGY PART 1	\$275.00	<input type="checkbox"/> 033	30	FETAL ECHOCARDIOGRAPHY	\$475.00
<input type="checkbox"/> 009	15	NEUROSONOLOGY PART 2	\$275.00	<input type="checkbox"/> GUP	150	GENERAL ULTRASOUND PACKAGE DEAL	\$1900.00

NAME:

LAST FIRST INITIALS MR, MRS, MISS, DR.

ADDRESS:

STREET

TOWN STATE / PROVINCE ZIP / POSTAL CODE COUNTRY

HOME PHONE: (____) _____ WORK PHONE (____) _____ DATE OF BIRTH: _____

MM/DD/YR

EMAIL ADDRESS: _____

COURSE TUITION: _____ +SHIPPING AND HANDLING _____ +APPLICABLE TAX _____ TOTAL _____

CHEQUE FOR \$ _____ ENCLOSED

Canadian Residents Only
Add Applicable HST or GST

I PREFER TO USE A CREDIT CARD:

ACCOUNT NUMBER: _____ EXPIRY DATE: _____ CARD VERIFICATION DIGITS: _____

CARDHOLDER NAME: _____ CARDHOLDER SIGNATURE: _____

CARDHOLDER ADDRESS: _____

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Email: burwin@burwin.com

IF PAYING BY CREDIT CARD YOU MAY FAX YOUR REGISTRATION TO: 204-254-7473
We accept: Visa Debit, Visa, Mastercard, Discover, American Express & JCB