



## Bedside Ultrasound Course for Primary Care Clinicians

### Course Registration

Registration fee for 2-day course includes:

- Part 1: Practical Introductory Workshop
- Part 2: Supervised Scans (20-30 scans in three applications)
- CME credits (16 M1 credits from CFPC; 3 credits per hour from FRCPC; 1 credit per hour from McGill University)
- A certificate of completion
- Textbook “Bedside Ultrasound – Level 1” (ISBN 978-0-9919566-0-9; A-line Press)
- Appropriate links to online resources
- Light lunch and tea/coffee

Participant	Pre-course registration fee	On-site registration fee
Clinician	\$2200	\$2400
Fellow and/or Resident	\$1000	\$1200
Student	\$600	\$800

<b>Date of course :</b> _____		<b>REGISTRATION FORM</b>	
<b>Name:</b> _____		<b>Bedside Ultrasound for</b>	
<b>Address:</b> _____		<b>Primary Care Clinicians</b>	
<b>City:</b> _____	<b>Province:</b> _____	<b>Postal code:</b> _____	
<b>Email:</b> _____			
<b>Fee:</b> \$ _____			
<p>Payment by cheque to: McGill University          Payment by Credit Card: Please complete Credit Card Authorization Form on next page          Send registration form and cheque to:</p>			
<p><b>Cindy Bolduc</b>  <b>Arnold and Blema Steinberg Medical Simulation Centre</b>  <b>3575 Parc Avenue, Suite 5640</b>  <b>Montreal, Quebec H2X 3P9</b></p>			
		<p>Questions?: <a href="mailto:medsimcentre@mcgill.ca">medsimcentre@mcgill.ca</a>          Tel: 514-398-8229</p>	



**Arnold and Blema Steinberg Medical Simulation Centre**  
 3575 Parc Avenue Suite 5640  
 Montreal, QC H2X 3P9

**CREDIT CARD  
 AUTHORIZATION FORM**

Date
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**Customer Information**

Company Name		Event name/dates	
Contact Name		Contact Title	
Address			
City	State	Postal/Zip	Country
Telephone	Fax	email	

**Credit Card Information**

Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> AMEX			
Cardholder name		Cardholder telephone (if different from above)	
Billing address (if different from above)			
City	State	Postal/ zip code	Country
Card number		Expiry date	Amount to be charged
Cardholder signature			

*By signing this form, you authorize the Arnold and Blema Steinberg Medical Simulation Centre to charge above-referenced credit card for the amount specified.*

**For security reasons, please do not send your credit card information electronically  
 (email, instant message, scanned document, etc.)**

Fax: (514) 398-5497

**Mail or drop-off:**

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 Montreal, Quebec H2X 3P9