

# CE Registration Form 2005

Name: \_\_\_\_\_

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone/Fax: \_\_\_\_\_ / \_\_\_\_\_

eMail: \_\_\_\_\_

## Veterinary Surgical Experience

Check the appropriate Answer.

Laproscopy:	<input type="checkbox"/> None	<input type="checkbox"/> Limited	<input type="checkbox"/> Extensive
Gastropexy:	<input type="checkbox"/> None	<input type="checkbox"/> Limited	<input type="checkbox"/> Extensive
Otoscopy:	<input type="checkbox"/> None	<input type="checkbox"/> Limited	<input type="checkbox"/> Extensive
Thoracoscopy:	<input type="checkbox"/> None	<input type="checkbox"/> Limited	<input type="checkbox"/> Extensive
Cystoscopy:	<input type="checkbox"/> None	<input type="checkbox"/> Limited	<input type="checkbox"/> Extensive
Biopsies:	<input type="checkbox"/> None	<input type="checkbox"/> Limited	<input type="checkbox"/> Extensive
Arthroscopy:	<input type="checkbox"/> None	<input type="checkbox"/> Limited	<input type="checkbox"/> Extensive

How many Endoscopic Procedures do you perform?

Flexible \_\_\_\_/Year Rigid \_\_\_\_/Year

How many arthroscopic procedures do you perform? \_\_\_\_/Year

How many thoracoscopic procedures do you perform? \_\_\_\_/Year

How many Gastropexies do you perform? \_\_\_\_/Year

Do you currently own any endoscopic equipment?  Yes  No  
If yes, please indicate which equipment you own below.

Are you interested in incorporating endoscopic procedures into your practice?

Rigid:  Yes  No  Not Sure Flexible:  Yes  No  Not Sure

Are you interested in purchasing endoscopic equipment?

Yes  No  Not Sure

If yes, are you interested in purchasing equipment within the next

3 months  6 months  1 year

## Hospital/Clinic Size

No. of Drs. \_\_\_\_\_ No. of Techs. \_\_\_\_\_

Revenue:  <100K  100K-250K

250-500K  500k - 1M  >1M

## Veterinary Education

Board Certified:  Yes  No

School: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

## Endoscopic equipment

Type \_\_\_\_\_ Brand \_\_\_\_\_ Years owned \_\_\_\_\_

Type \_\_\_\_\_ Brand \_\_\_\_\_ Years owned \_\_\_\_\_

Type \_\_\_\_\_ Brand \_\_\_\_\_ Years owned \_\_\_\_\_

Type \_\_\_\_\_ Brand \_\_\_\_\_ Years owned \_\_\_\_\_

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**Please select the CE session you wish to attend.**

**Topic: General Laparoscopy**

With: Dr. Chad Devitt DVM, MS, Dipl. ACVS,

Locations: Veterinary Referral Center of Colorado (VRCC), Englewood Colorado  
Deer Creek Animal Hospital, Littleton Colorado

Thursday: Welcome Dinner

Friday (Day 1): Lecture/ Observation

Saturday (Day 2): Live Hands-On Cases (subject to availability)

Course fee includes: Welcome Dinner, daily lunches and transportation between venues and selected hotels.

Course Fee: \$500

Session 1 : June 24-25

Session 2: November 4-5

**Payment**

Credit Card No. \_\_\_\_\_ Exp \_\_\_\_\_

Amount to process on card \_\_\_\_\_

Signature \_\_\_\_\_

Check (Mail to address below)

**Fax Completed Form To:**

**303.237.0757**

**Mail Complete Form To:**

**221 Corporate Circle Suite H**

**Golden CO, 80401**

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