

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 _____

Continued on back

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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