

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

Hospital/Clinic Size

No. of Drs. _____ No. of Techs. _____

Revenue: <100K 100K-250K
 250-500K 500k - 1M >1M

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.

Veterinary Education

Board Certified: Yes No

School: _____

Year Graduated: _____

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

Endoscopic equipment

Type _____ Brand _____ Years owned _____

Type _____ Brand _____ Years owned _____

Type _____ Brand _____ Years owned _____

Type _____ Brand _____ Years owned _____

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~~

FULL

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

Sponsored by:



Key Equipment Finance



the sterility experts