

CE Summer 2004

Registration Form

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.

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

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 _____

Please select the Lab/Lectures you will be attending.

Session 1: Laparoscopy (additional topics: TBA)

With: Dr. Chad Devitt DVM, MS, Dipl. ACVS, Faculty: UC Davis

Location: Veterinary Referral Center of Colorado (VRCC), Englewood Colorado

July 29: Orientation Dinner

July 30: Lecture/ Observation

July 31: Live Hands-On Cases (subject to availability)

Course Fee: \$500

Session 2: Laparoscopy (additional topics: TBA)

With: Dr. Chad Devitt DVM, MS, Dipl. ACVS, Faculty: UC Davis

Location: Deer Creek Animal Hospital, Littleton Colorado

August 19: Orientation Dinner

August 20: Lecture/ Observation

August 21: Live Hands-On Cases (subject to availability)

Course Fee: \$500

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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