



Duke Perioperative
TEE Service

Visiting Preceptorship in Intraoperative Transesophageal Echocardiography

Duke Perioperative TEE Service
Duke University Medical Center, Durham, NC

Sponsored by Duke University School of Medicine
Office of Continuing Medical Education

Registration Form

Name: _____ Preferred First Name: _____
Organization: _____ Credentials/Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Course Registration Fee: \$4,500.00 for the three-day session and must be made at least 6 weeks prior to start date.

Additional days: If preceptees wish to extend their preceptorship experience beyond the three-day session, they may do so at a charge of **\$1,250 USD per day** for a maximum of two subsequent and consecutive days. Preceptees must indicate at the time of registration and include the additional amount with the registration fee. The extended days are not a part of the CME-approved course and CME credits will not be awarded for activities on extended days.

Course Fees

\$4,500.00 \$ _____
 \$1,250.00 (one-day) \$ _____
 \$2,500.00 (two-days) \$ _____
\$ _____ **Total**

2020 Available Dates

March 9-11
 September 21-23
 October 26-28
 November 9-11

Registrant Name: _____

Method of payment: All payments are in US dollars. Accepted payment methods are Credit Card, Check, or Purchase Order.

Check Payments

Make payable to:

Duke University Medical Center FEID: 56-0532129

DUMC, Anesthesiology (TEEPS)

Box 3094, Mail # 41

Durham, NC 27710

Credit Card Payments

MasterCard | Visa (please check card type)

Card number: _____ Exp: _____

Signature: _____

Name on card, if different from registrant: _____

Billing address, if different from registrant: _____

City: _____ State: _____ Zip: _____

Registrations with credit card payments may be faxed to Duke University Department of Anesthesiology at (919) 613-2347.

Cancellation Policy: A written notice of registration cancellation must be received 6 weeks prior to the start of this activity to receive full refund. A **\$215.00 cancellation fee** will be assessed after that date. No refunds will be given if cancellation requests are received within 3 weeks prior to the start of this activity.

Do you have mobility or dietary information of which we should be aware? If so, please list:

