

Chicago Society of Echocardiography

Dept. of Internal Medicine • Advocate Christ Medical Center • 4400 W 95th St. • Oak Lawn, IL 60453

• Tel 708-684-5405 • Fax 708-684-2500

www.csecho.org

Membership Registration Form

Name:	Credentials: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD <input type="checkbox"/> RDCS <input type="checkbox"/> DRMS <input type="checkbox"/> RVT <input type="checkbox"/> Other _____
Address:	
Email (required if you wish to receive SDMS CME credit and meeting notices):	
Telephone:	
Fax:	
Hospital Affiliation:	
Please check one: <input type="checkbox"/> Physician CSECHO Membership plus up to 18 hours AMA Category 1 CME <input type="checkbox"/> Cardiology Fellow CSECHO Membership <input type="checkbox"/> Sonographer CSECHO Membership plus up to 30 hours SDMS CEUs <input type="checkbox"/> Sonographer Student CSECHO Membership	
<i>Cardiologists or Sonographers wanting SDMS CME credit must complete their email address: _____ and one of the following:</i> License # _____ Registration # _____ Date of Birth _____ <input type="checkbox"/> Other (please specify) _____	
Membership Dues: Physician CSECHO Membership plus up to 18 hours AMA Category 1 CME – \$89/year Cardiology Fellow CSECHO Membership – \$40/year Sonographer CSECHO Membership plus up to 30 hours SDMS CEUs– \$59/year Sonographer Student CSECHO Membership – \$30/year	
Number of years registering: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years	
Payment Amount: \$ _____	

Please complete this form and mail it with your check payable to Chicago Society of Echocardiography to:

Ruth Mrochen
Corresponding Secretary, Chicago Society of Echocardiography
Department of Internal Medicine
Advocate Christ Medical Center
4400 W 95th St.
Oak Lawn, IL 60453