

# Chicago Society of Echocardiography

Advocate Christ Medical Center • Cardiodynamics, 4th Floor South • 4400 W 95th St. • Oak Lawn, IL 60453  
• Tel 708-684-5544 • Fax 708-684-4456  
[www.csecho.org](http://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 18 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) _____	
<b><u>Membership Dues:</u></b> Physician CSECHO Membership plus up to 18 hours AMA Category 1 CME – \$85/year Cardiology Fellow CSECHO Membership – \$60/year Sonographer CSECHO Membership plus up to 18 hours SDMS CEUs – \$40/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 made payable to the Chicago Society of Echocardiography to: Lisa Buddell  
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Cardiodynamics, 4th Floor South  
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