

15th New England Doppler Conference
Lake Arrowhead, California 31 May – 3 June 2009
Registration Form

Surname _____ First Name(s) _____

Title _____ Male ____ Female ____ .

Mailing address:

Telephone _____ Fax _____

e-mail address _____

Name accompanying adults-

Are you a currently a graduate student? _____

(Graduate students please include a letter from your faculty supervisor.)

Registration charge-

The charge includes accommodation (Sunday, Monday and Tuesday nights), meals and conference facilities. We have made provisions for some accompanying adults and children.

Registration participant US\$725 =

Registration participating graduate student US\$400 =

Accompanying non-participants over age 14 # @ US\$ =

Children (ages 3-14) # @ US\$ =

Total = US\$

Payment must be by check or money order in US dollars made out to

N E Doppler Conference

Registration must be received by 25 April 2009

Please indicate the topics you wish to present. As mentioned, we are always welcome volunteers to chair sessions.

	Prepared to Speak	Prepared to chair a session
Signal processing	<input type="checkbox"/>	<input type="checkbox"/>
New transducers	<input type="checkbox"/>	<input type="checkbox"/>
Output measurements	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound contrast	<input type="checkbox"/>	<input type="checkbox"/>
Vector Doppler	<input type="checkbox"/>	<input type="checkbox"/>
3D Doppler	<input type="checkbox"/>	<input type="checkbox"/>
Doppler test devices	<input type="checkbox"/>	<input type="checkbox"/>
Color imaging	<input type="checkbox"/>	<input type="checkbox"/>
Hemodynamics	<input type="checkbox"/>	<input type="checkbox"/>
Volume flow and velocity measurements	<input type="checkbox"/>	<input type="checkbox"/>
Tissue motion	<input type="checkbox"/>	<input type="checkbox"/>
Embolus detection	<input type="checkbox"/>	<input type="checkbox"/>
Elastography	<input type="checkbox"/>	<input type="checkbox"/>
Clinical applications		
Other (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>

Other details

Any special food requirements? _____

_____ Check if you need information on accommodations before or after the conference.

_____ Check if you need information on transportation to/from Conference Center

Registration and checks should be mailed to me at:

J. Dennis Baker, M D
11301 Wilshire Blvd- 10H2
Los Angeles CA 9073, USA

If you want to assure a reservation, you can send me the registration by email or fax (310 268-4741) and send the check by mail. (Receipt of electronic registration will be taken as a guarantee that payment follows.)

I am trying to arrange for the possibility of payment by credit card, but this still work in progress. Will let you know if this works out.