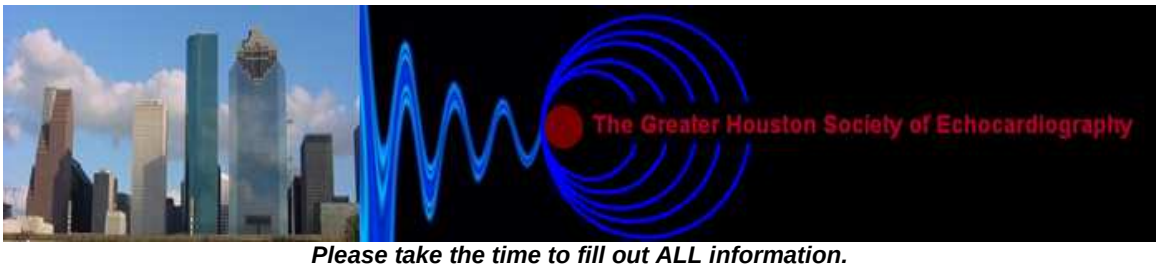

Please take the time to fill out ALL information.
Additional comments are welcome in the space provided or on the back of this form.
Dues are $25.00 annually.

Last Name	First Name	MI	Title

Address

City	ST	Zip

H Phone	W Phone	M Phone	Pager

Email

(Please indicate with circle)
Type of Practice: Adult Pediatric Vascular Combined

Member of American Society of Echocardiography? Yes No

Technologist: Certification (Circle all that apply) RDCS RDMS RCVT CVT RN RRT Other Registry Eligible

Physician: Primary Function (Circle all that apply) Echocardiography General Cardiology Invasive Cardiology C-T Surgeon Internal Medicine Private Practice Academic Cardiology Fellow

Are you willing to volunteer for committee work? Yes No

Would you like your name on mailing lists created by the Society? Yes No

Additional Comments:

GHSE
Attn: Sue Maisey, Cardiology/SLEH, PO Box 20269, Mail Code 1-102, Houston, TX 77225-0269
information@ghse.org or smaisey@ghse.org
Web site: http://ghse.org