

LASE DUES NOTICE 2024

Name: _____

Address: _____

City, State: _____ Zip: _____

Please print clearly

Phone: _____ Email: _____

Institution(s) where you presently work: _____

Notice of upcoming meetings will be sent via e-mail,
You may also check out our website, www.lase.org.
Your e-mail address is held in the strictest confidence and
will not be shared for any other purpose.

ATTENTION: Please be sure to update your e-mail
address!

Please make checks payable to:

**LOS ANGELES SOCIETY OF ECHOCARDIOGRAPHY
(Or LASE)**

Mail checks to: P.O. Box 1711
Venice, CA 90292

_____ \$75.00 Physician

_____ \$35.00 Sonographer

Payment also may be made by Checks, Cash, Credit/Debit cards or personal PayPal account at
our meetings or through our website: www.lase.org