

## LASE DUES NOTICE 2023

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Please print clearly

Institution(s) where you presently work: \_\_\_\_\_

Notice of upcoming meetings will be sent via your e-mail address. You may also check out our website, [www.lase.org](http://www.lase.org). Your e-mail address is held in the strictest confidence and will not be used for any other purpose.

**ATTENTION:** Notices will be sent by e-mail.  
Please be sure to update your e-mail address!

Please make checks payable to:

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

Mail checks to: Los Angeles Society of Echocardiography

P.O. Box 1711

Venice, CA, 90291

\_\_\_\_\_ \$75.00 Physician

\_\_\_\_\_ \$35.00 Sonographer

Payment may also be made by credit/debit card or personal account through PayPal on our website: [www.lase.org](http://www.lase.org)