



22nd Point of Care Echocardiography Course, Los Angeles, USA September 8-12, 2025

First name	
Last Name	
Title and Affiliation	
Position	Attending / Staff / Fellow / NNP / Resident / Echo Tech / other (specify).....
Name of institution	
Preferred Postal address	
Work email address	
Preferred email address (if different)	
Telephone number	
Preferred payment method	Cheque via post, online transfer, Zelle or other (specify).....
Payment details	Please make a cheque in favor of “ Virtual Echo Training System ” and send the cheque along with registration form at the following address: 16836 Ivyside Place, Encino, CA, 91436, United States
Contact details:	For further information please contact: Dr Mahmood Ebrahimi (Mac), Program Coordinator via macebrahimi@yahoo.com or mahmood.ebrahimi@cshs.org OR call mobile: 818-462-3851
<ul style="list-style-type: none"> • <i>Your registration (and confirmation of place) wouldn't be complete until full payment is received.</i> • <i>Completing this registration form you consent to receive communication via email, text or postal address.</i> 	