**22nd Point of Care Echocardiography Course, Los Angeles, USA**

**September 8-12, 2025**

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| --- | --- |
| 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](mailto:macebrahimi@yahoo.com) or [mahmood.ebrahimi@cshs.org](mailto:mahmood.ebrahimi@cshs.org)  OR call mobile: 818-462-3851 |
| * *Your registration (and confirmation of place) wouldn’t be complete until full payment is received.* * *Completing this registration form you consent to receive communication via email, text or postal address.* | |