



Ultrasound Model Application Form – Ultrasound

I, _____, verify that I have received and have read the
Print Name

Ultrasound Model instructions for the AAEM Ultrasound Course(s) to be held at the American Academy of Emergency Medicine's 25th Annual Scientific Assembly to be held at Caesars Palace, 3570 Las Vegas Boulevard, Las Vegas, NV.

I understand the instructions and agree to be a model for the Transabdominal, Neck and/or Cardiac (placement to be determined onsite) lab.

I am available to serve as a model on (check all that apply)

- Saturday, March 9, 2019 12:30pm-4:00pm (\$50 stipend)
- Sunday, March 10, 2019 7:30am-12:15pm (\$50 stipend)
- Tuesday, March 12, 2019 3:15pm-6:00pm (\$25 stipend)

Email: _____

Cell Phone #: _____

Signature

Date

Please return the following items to Kathy Uy, AAEM Senior Meetings Manager at kuy@aaem.org:

- completed Ultrasound Model Application form and
- W9