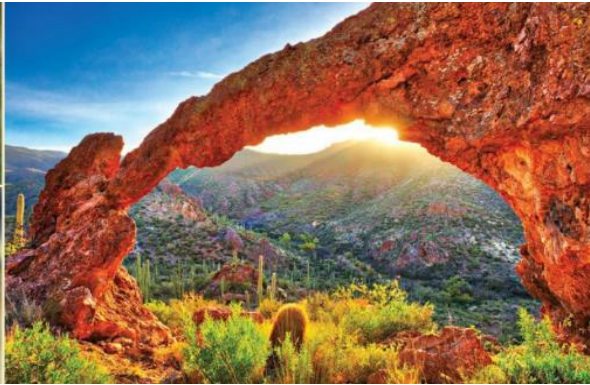


**26TH ANNUAL
SCIENTIFIC ASSEMBLY**

APRIL 19-23, 2020
SHERATON PHOENIX
DOWNTOWN

PHOENIX, AZ



Ultrasound Model Application Form

I, _____, verify that I have received and have read the Ultrasound Model Instructions
Print Name
for the AAEM Ultrasound Course(s) to be held at the American Academy of Emergency Medicine's 26th Annual Scientific Assembly to be held at Sheraton Phoenix Downtown, 340 North 34th Street, Phoenix, AZ.

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)

_____ Sunday, April 19, 2020 12:30pm-5:00pm (\$50 stipend) 9 models required (*lunch is not provided*)

_____ Monday, April 20, 2020 7:30am-12:15pm (\$50 stipend) 12 models required

_____ Tuesday, April 21, 2020 2:45pm-4:05pm (\$25 stipend) 5 models required

_____ Tuesday, April 21, 2020 4:30pm-5:30pm (\$25 stipend) 5 models required

_____ Wednesday, April 22, 2020 2:30pm-3:30pm (\$25 stipend) 5 models required

Why would you like to serve as a model for this course?

Do you have any questions or concerns about participating? _____

I am a: Male Female (*select one*)

What is your age? _____

What is your weight? (*Approximate*) _____ (*These questions are used to optimize your placement at a station*)

I verify that I have read the instructions and will prepare accordingly: Yes No (*select one*)

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