

SCIENTIFIC EXHIBIT COMPETITION APPLICATION

Please print CLEARLY:

Name: _____

Home Address: _____

City, State, Zip: _____

School: _____ Ph: Work: _____ Home: _____

Email: _____

Exhibit Title: _____

Select Category*: _____ Echo/Vascular _____ OB/General

***EXHIBITS ARE LIMITED TO TWO EXHIBITS PER CATEGORY PER SCHOOL. CATEGORY MUST BE INDICATED.**

Please check all that apply:

_____ I need Table Space Only (3' 6" x 4').

_____ I need an Electrical Outlet.

I will be attending the symposium: _____ Friday _____ Saturday _____ Sunday

NOTE: Deadline for completed application is March 1. Scientific exhibit guidelines are available online at www.ncus.org. Failure to follow the Scientific Exhibit Guidelines will result in disqualification of the entry.

If you have any questions, please call or write the North Carolina Ultrasound Society Central Office at **NC Ultrasound Society** ATTN: Laura Currie 4138 Appleton Way Wilmington, NC 28412
ncus.centraloffice@gmail.com 910-550-9025.

Return completed application to the North Carolina Ultrasound Society Central Office
Fax: 919-763-1365