Thank you for your interest in having an AUA Hands-On Urologic Ultrasound course at your institution or in your region. In order to evaluate the venue and financial soundness of the AUA providing this course we will need the following information. To be considered for a course, please answer all of the questions below and submit to education@AUAnet.org.

<table>
<thead>
<tr>
<th>LAST/FAMILY NAME</th>
<th>FIRST</th>
<th>MIDDLE INITIAL</th>
<th>AUA ID # (IF YOU ARE A MEMBER)</th>
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<tr>
<td>YOUR E-MAIL ADDRESS</td>
<td>YOUR PHONE</td>
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<td>YOUR INSTITUTIONAL AND/OR PRACTICE AFFILIATION:</td>
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<td>STREET / PO BOX</td>
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<td>STATE</td>
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<td>CONTACT PERSON (IF DIFFERENT THAN ABOVE)</td>
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<td>CONTACT PERSON E-MAIL ADDRESS</td>
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</table>

**PLEASE DESCRIBE THE NEEDS THAT THIS COURSE WILL ADDRESS:**

_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

Please choose one of the following:

a. I am requesting a private course for a group practice. If so, what is the guaranteed number of registrants you can commit? __________

b. I am requesting a private course where the majority of the attendees are part of my practice and the rest would come from the surrounding community. If so, how many participants would be guaranteed from your practice __________?

If you checked b., describe why you believe there would be an audience to fill the course in your area:

_________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________

c. I am requesting a private course for an academic group of urologists and residents. If so, please indicate the guaranteed number of physician attendees __________ and resident attendees __________.

**NAME OF ORGANIZATION OR INSTITUTION WHERE COURSE WOULD BE HELD**

a. City: _________________________________________ b. Proposed venue (building, etc): _______________________________________

**PROPOSED DATE OF THE COURSE**

a. Time of year Summer ☐ Fall ☐ Winter ☐ Spring ☐ b. Month __________________________

c. If you have a date in mind, please specify (course is usually held on a Saturday) Date: __________________________

**DESCRIBE THE DIDACTIC SPACE AND WHY IT WOULD BE SUITABLE FOR THE COURSE. IN PARTICULAR THE LOCATION, ACCESS TO PUBLIC TRANSPORTATION, PARKING, FACILITY LAYOUT AND EASE OF MOVING FROM LECTURE HALL TO HANDS-ON LOCATION TO THE LOCATION WHERE THE FOOD WOULD BE SERVED:**

_________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________

a. Name of room where didactic session of course will be held: __________________________

b. Seating capacity of didactic room: __________________

c. Style (stadium seating, classroom with tables, etc.): __________________

d. Is AV available? Yes ☐ No ☐

e. Is a food service area available nearby? Yes ☐ No ☐

f. Space costs (Attach cost schedule.): __________________________

**DESCRIBE THE HANDS-ON LAB SPACE:**

a. Name of the lab/exam space: __________________________

b. Number of private exam rooms: __________________

c. Do you have ready access to Standardized Patients for hands-on lab? Yes ☐ No ☐ If so, how many are available? __________________

d. Type of ultrasound equipment currently in use in your office (brand and model): __________________

e. Would your current ultrasound vendor be able to provide additional machines? Yes ☐ No ☐ If so, how many? __________________

f. Lab space and Lab costs (Attach cost schedule.): __________________

If there are questions, please contact the Office of Education at education@AUAnet.org or 410-689-3930.

To complete your request, fill in this form and email education@AUAnet.org.