American Urological Association
Education & Research, Inc.

HANDS-ON UROLOGIC ULTRASOUND COURSE REQUEST

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.

LAST/FAMILY NAME _____ FIRST _____ MIDDLE INITIAL _____ AUA ID # (IF YOU ARE A MEMBER) _____

YOUR E-MAIL ADDRESS _____ YOUR PHONE _____

YOUR INSTITUTIONAL AND/OR PRACTICE AFFLIATION: _____

STREET / PO BOX _____ CITY _____

STATE _____ COUNTRY _____ POSTAL CODE _____

CONTACT PERSON (IF DIFFERENT THAN ABOVE) _____ POSITION _____ CONTACT PHONE _____

CONTACT PERSON E-MAIL ADDRESS _____

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