

REGISTRATION INFORMATION

Fees: **PHYSICIAN / SCIENTIST**
Member (ASE, SVMB, ACC): \$175
Nonmember: \$225

**FELLOW / NURSE / SONOGRAPHER /
MEDICAL STUDENT**
Member (ASE, SVMB, ACC): \$100
Nonmember: \$125

Registration Policies:

The registration fee includes the continental breakfast, lunch, and the syllabus. The deadline to register in advance is Thursday, November 18, 2004. After this date, you must register on-site, and space is not guaranteed.

Cancellations:

A full refund, minus a \$25 processing fee, will be given for all written cancellations received by Thursday, November 18th, 2004. No refund will be given for no-shows.

In the unlikely event that the program is cancelled, the ASE/SVMB will refund the registration fee in full, but is not responsible for any travel or hotel costs you may incur.

Lodging:

Contact the Hilton New York to secure a room for the symposium. The Hilton will mail you a room confirmation. The room rate for the Hilton New York for 2004 is \$299.00 Single/Double a night. All reservations must be made by Monday, November 8, 2004. It is recommended that you register for the program and reserve your sleeping room as soon as possible as there is only a limited number of sleeping rooms available. Hotel and program fill quickly. Early registration for both is advised.

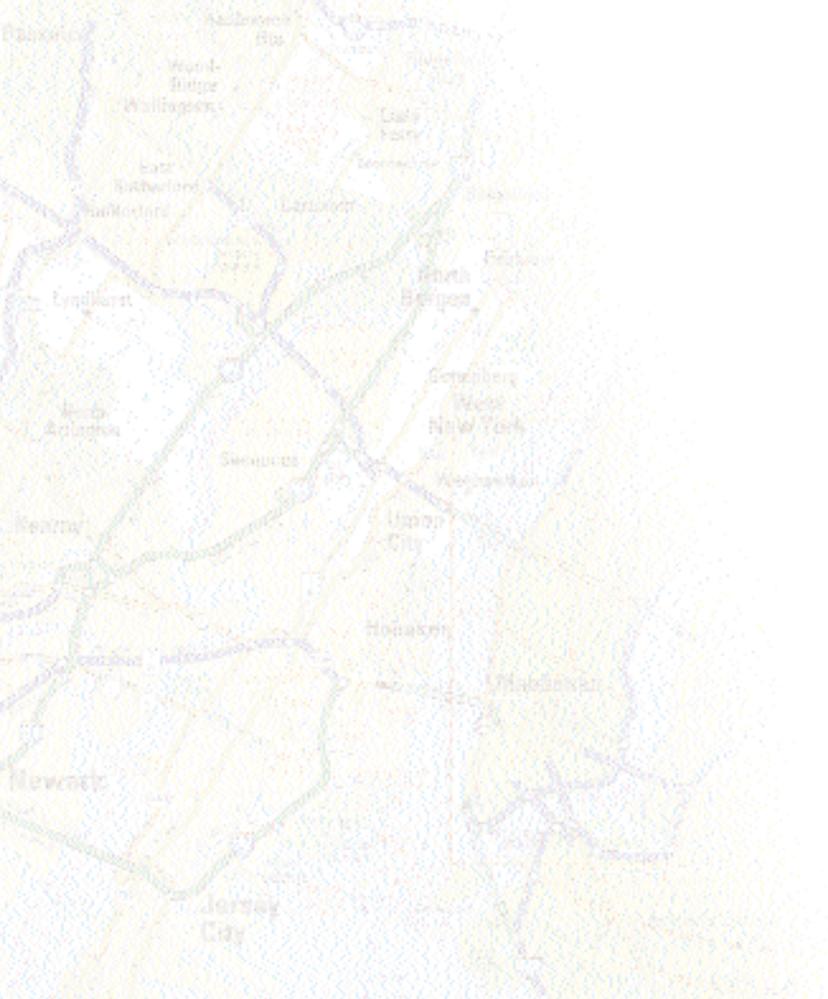
We encourage participation by all individuals. If you have a disability, advance notification of any special needs will help us better serve you.





ASE
1500 Sunday Drive, Suite 102
Raleigh, NC 27607

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3RD ANNUAL

VASCULAR IMAGING SYMPOSIUM

2004

★ THURSDAY DECEMBER 9, 2004

★ HILTON NEW YORK ★ NEW YORK, NY



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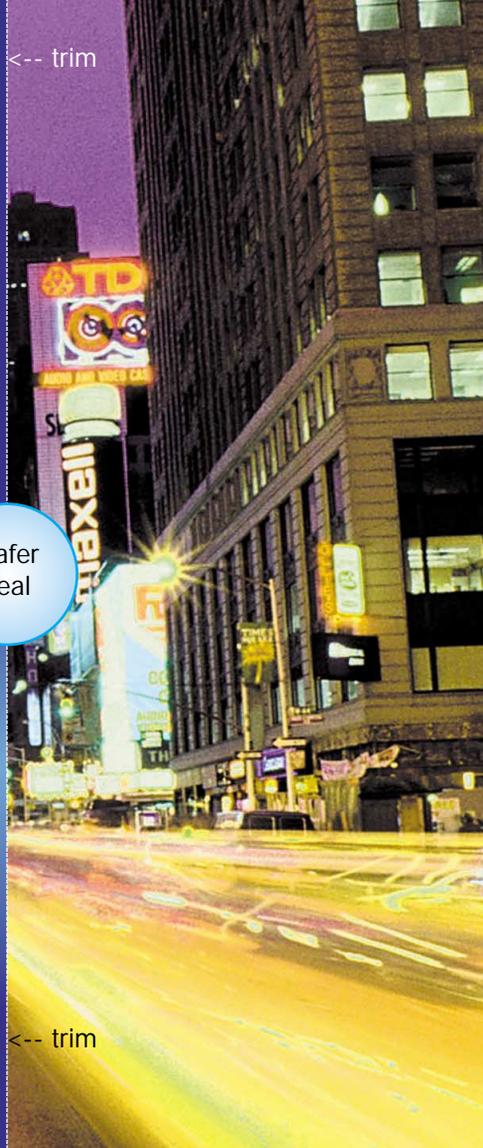
*American Society of Echocardiography
Society for Vascular Medicine and Biology*

*and Co-Sponsored by the:
American College of Cardiology Foundation*

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3rd Annual **VASCULAR IMAGING SYMPOSIUM**

Where: Hilton New York Hotel
1335 Avenue of the Americas
New York, New York 10019
Phone: 212-586-7000
Fax: 212-315-1374

When: Thursday, December 9, 2004
8:00 am – 4:45 pm

This is the day before the ACC's 37th Annual New York Cardiovascular Symposium: Major Topics in Cardiology Today, directed by Valentin Fuster, MD, PhD, FACC.

What:

A physician-focused symposium covering Vascular Imaging principles for four techniques: Carotid Imaging; Venous Imaging; Lower Extremity Arterial Imaging and Renal and Mesenteric Imaging. Experts will discuss the basics and the latest techniques and have developed this curriculum to assist individuals in echo labs who want to learn about vascular ultrasound.

Expected Audience:

Physicians and sonographers interested in beginning and intermediate level arterial ultrasound.

Credits:

CME offered through the American Society of Echocardiography. The American Society of Echocardiography is accredited by the Accreditation Council of Continuing Medical Education

(ACCME) to sponsor continuing medical education for physicians. The ASE designates this activity for a maximum of 7 credit hours in category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he or she actually spent in educational activity. While offering CME credit hours noted above, the program is not intended to provide extensive training or certification in the field.

Program Objectives:

After attending the session, participants will:

- 1) Have a better understanding of the anatomical and pathophysiological aspects of the carotid artery.
- 2) Have a better understanding of the forms of diagnostic imaging used to guide interventional cardiovascular procedures.
- 3) Be able to improve their recognition and evaluation of venous thromboembolic diseases using vascular imaging.
- 4) Be able to improve their recognition and evaluation of renal complications using vascular imaging.
- 5) Be able to better evaluate brachial reactivity using vascular imaging.
- 6) Be able to improve their recognition and evaluation of lower extremity arterial complications using vascular imaging.

Meeting Co-Chairs:

Marie D. Gerhard-Herman, MD
Shunichi Homma, MD
Randolph P. Martin, MD
Emile R. Mohler, III, MD

SESSION 1

- 8:00 – 8:10 am **Welcome and Opening Remarks**
Randolph P. Martin, MD
- 8:10 – 8:40 am **Vascular Ultrasound Imaging Principles**
Joseph F. Polak, MD
- 8:40 – 9:15 am **Carotid Imaging**
Marie D. Gerhard-Herman, MD
- 9:15 – 9:50 am **Renal Artery Evaluation**
Jeffrey W. Olin, DO
- 9:50 – 10:10 am **BREAK – VISIT EXHIBITS**

SESSION 2

- 10:10 – 10:45 am **Evaluation of Lower Extremity Arterial Disease**
Emile R. Mohler, III, MD
- 10:45 – 11:20 am **Vascular Access Complications**
Michael R. Jaff, DO
- 11:20 – 11:50 noon **Venous Evaluation**
Mark Oliver, MD
- 11:50 am – 12:50 pm **LUNCH IN THE EXHIBIT HALL**

- 12:50 – 1:35 pm **Vascular Lab Accreditation**
Sandra Katanick, RN, RVT
- 1:35 – 1:55 pm **The Echo-Vascular Lab**
Shunichi Homma, MD

CONCURRENT SESSIONS

- 1:55 – 3:10 pm **TRACK A:**
Getting Started in Peripheral Ultrasound: Hands-On
Mark Oliver, MD
Michael R. Jaff, DO
Marie D. Gerhard-Herman, MD
Elizabeth Ratchford, MD
- TRACK B:**
Advanced Case Study Interpretation
Joshua A. Beckman, MD
Jeffrey W. Olin, DO
Emile R. Mohler, III, MD
- 3:10 – 3:30 pm **BREAK – VISIT EXHIBITS**
- 3:30 – 4:45 pm **TRACK A:**
Integrating Ultrasound and Practice: Basic Case Studies
Mark Oliver, MD
Michael R. Jaff, DO
Marie D. Gerhard-Herman, MD
Elizabeth Ratchford, MD
- TRACK B:**
Advanced Hands-On Session
Joshua A. Beckman, MD
Jeffrey W. Olin, DO
Emile R. Mohler, III, MD

VASCULAR IMAGING SYMPOSIUM

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- ACC member
- Non-member

NAME, DEGREE: _____

HOSPITAL/CLINIC/PRACTICE NAME: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

BUSINESS PHONE: _____

BUSINESS FAX: _____

EMAIL: _____

Registration Fee Enclosed:

\$ _____ Amount

Please charge my credit card: VISA Mastercard American Express

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

SIGNATURE: _____

OR Check# _____ (Make payable to ASE)

To register by mail, send this form to: ASE, 1500 Sunday Drive, Suite 102, Raleigh, NC 27607

To register by fax, send this form to: 919-787-4916

The registration and cancellation deadline is Monday, November 18, 2004.

Refunds will not be processed after this date.

For more information:

SVMB

900 Cummings Center
Suite 221-U
Beverly, MA 01915
Tel: 978-927-8330
Fax: 978-524-0498
www.svmb.org

ASE

1500 Sunday Drive
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Raleigh, NC 27607
Tel: 919-861-5574 x205
Fax: 919-787-4916
www.asecho.org

To register online, visit asecho.org