

MSDU Annual Seminar Year ____2022_____

SONOGRAPHER INFORMATION

Name			
Address			
City	State	Zip	
Daytime Phone () ****Please note: Notification of 48 hours		nade <u>via email</u> , applicant	
I am registered in the following sp	pecialty areas: (check	all that apply)	
□ Abdomen □ Breast □ Carc □ Neurosonology □ Ob/Gyn			Pediatric)
ARDMS Registry #:		-	
To be eligible to apply for a sonograph 1.) Be an MSDU member in 2.) Be registered by the ARD 3.) If selected to receive a graattend all of the lectures of 4.) Provide a letter from his/h time will be provided for provide funding for the 20	good standing, DMS, ant, the applicant must reson Saturday and/or Sunday ner employer (on institution the sonographer to attende	gister for the MSDU Spring y. onal/company letterhead) in the meeting and employer	ndicating that
MSDU Annual Seminar grant recipien by March 15th, 2022 . The sonograph up at the registration table on Sunday a	ner grant amount is curren		
Completion of this form does not guar	antee receipt of a grant.		
Mail completed application to: Megha -OR- scan completed form to PDF for Notification of grant awards will begin a grant, applications MUST be received	mat and email to kasperm n within 7 days of the app	eghan@gmail.com	
I understand and will abide by the guid any of the information provided will re			sification of
Signature	Da	te	