ASNC Working Group Meeting Data Form

Working Group Name: _____

Contact Person: _____

Phone No. / FAX No.: _____/_____

Date of Meeting: _____

Location of Meeting: _____

Speaker(s):_____

_____

Topic(s):_____

_____

Attendance _____

ASNC Members _____ Full _____ Affiliate _____ Associate _____

Non-ASNC Members _____

Academic _____ Community Practice _____ Other _____

CME Credits _____VOICE Credits _____

Date of Next Scheduled Meeting: _____

Please Attach Attendance Record and send to:

Working Groups Coordinator
American Society of Nuclear Cardiology
9111 Old Georgetown Road
Bethesda, MD 20814-1699 USA
Tel: 301/ 493-2360 FAX: 301/ 493-2376