Applied Ultrasound for Clinicians

8.30-5.30pm, Saturday 28 February 2015
MELBOURNE MARRIOTT HOTEL | CORNER EXHIBITION & LONSDALE STREETS

This one day course is designed for breast surgeons and other clinicians with limited prior experience in the use of ultrasound. The course program will include:

- **Physics of ultrasound**
- **Practical breast ultrasound optimisation**
- **Breast ultrasound anatomy, pathology & clinical applications**
- **Integration of office ultrasound into (surgical) practice**
- **Ultrasound guided biopsy**
- **Perioperative ultrasound techniques**
- **Practical workshop** (Live scanning of patients; core, fine needle and novel biopsy techniques on phantoms)

Speakers will include A/Prof Ian Bennett, Dr Daniel de Viana, Mr Michael Law, Dr Daniel Lee and Ms Emily Wright.

Registration cost of $550 covers the ultrasound course, lunch, morning and afternoon tea, and drinks.

This educational activity will be submitted to the RACS CPD Program. The course is accredited towards CCPU by Australian Society for Ultrasound Medicine.

Please register early as numbers are limited!

Registration is also available via www.asbd.org.au

Accommodation is available at the Melbourne Marriott. Please contact Australasian Society for Breast Disease for details.

This course is endorsed by BreastSurgANZ.

To register, please return a completed form to Australasian Society for Breast Disease:

**T:** (0)7 3847 1946  |  **F:** (0)7 3847 7563  |  **E:** info@asbd.org.au  |  **A:** PO Box 1124, Coorparoo DC Qld 4151

Title ........ First name ................................................. Family name ..........................................................

Position / Organisation ........................................................................................................................................

Address ................................................................................................................................................................

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State................................... Postcode ............................... 

Email ................................................................. Mobile .................................................................

Special requirements......................................................................................................................................

**PAYMENT DETAILS**

- ✔ Visa  - Mastercard  - Credit Card Number  -  
-  Expiry date  - Security Code  - Amount $550.00  

Name on Card ................................................................................................................ Signature .....................................