

# 13<sup>th</sup> Biannual Ultrasound Guided Regional Anesthesia Workshop

July 28<sup>th</sup> & 29<sup>th</sup>, 2012 in Houston, Texas

**Course Director:**  
**Dr. Krishna Boddu**

Reviews: "Probably The Best Regional Anesthesia Workshop in The World", "I have never seen anything like this"

**Register Now & Secure Your Spot! Limited Spaces! First Come First Serve!**

## Two Day Hands-On Workshop with Unique Teaching Structure

*This "No Snooze" Multi Screen Multimedia Setup, Makes You Participate Actively & Learn*

To Learn More About Workshop, 18 CME Credits & To Register Visit: [www.nerveblocks.org](http://www.nerveblocks.org)

### DAY ONE:

Cadaver Anatomy, Surface Land Marks, Ultrasound & Conventional Techniques Simultaneously For Each Block on Adult Human Volunteers.  
Discussions With Ortho Surgeons & Neurologists

### DAY TWO:

Hands-on Training in Small Groups on 12 Human Volunteers, 12 Live Anesthetized Pigs & Simulators for Nerve Stimulation, Ultrasound Techniques for Routine, Advanced Nerve Blocks & Vascular Access

Workshop Coordinator: Jonetha A. Davidson  
University of Texas Health Sciences at Houston  
Phone: (713) 500-6271 Fax: (713) 500-0595  
Email: [Jonetha.A.Davidson@uth.tmc.edu](mailto:Jonetha.A.Davidson@uth.tmc.edu)

Registration:  
Early Bird : \$1800 Until 05/31/2012  
Standard : \$2200  
Late : \$2500 After 06/30/2012

CME Office: The Institute For Medical Education  
Phone: (800) 905-2033, (310) 209-2033  
Fax: (310) 824-0298  
Email: [channa@ime-cme.com](mailto:channa@ime-cme.com)

**\*Come Prepared To Discuss Your Challenges\***

**Please Visit Our Booth At ASA Annual Meeting October 13-17, 2012 At Washington, D.C To Learn More About Us**

**Register Now via Online, Phone, Fax, Email or Mail:**

Check Payable to: University of Texas Health Science Center at Houston Medical School,  
6431 Fannin, MSB 5020, Houston, TX 77030

**Registration via Phone:** (713) 500-6271

**Register via Fax:** (713) 500-0595

**Register via Email:** painmedicine@uth.tmc.edu

**Online:** www.nerveblocks.org

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Department of Anesthesiology, University of Texas Medical School, Houston, TX 77030

**July 28<sup>th</sup> & 29<sup>th</sup>, 2012**

First Name..... MI..... Last Name .....

Title/Degree .....Hospital/Institution .....

Mailing Address.....

City.....State.....Zip.....Country.....

Daytime Phone.....FAX.....Cell Phone.....

E-mail Address..... Food Preference: Vegetarian Non-Vegetarian

**Early Bird: \$1800 Until 05/31/2012**  **Standard: \$2200**  **Late: \$2500 After 06/30/2012**

Visa  Master Card #..... Exp Date (MM/YY)..... Three Digit Code.....

Name (as on the card) .....

Billing Address.....City.....State.....Zip.....

Date:.....Signature:.....

Check if you require special assistance. Attach a written description of needs and submit to the CME office at least 30 days prior to the start of the meeting.

Check if you have no objection for passing your contact details to vendors for you to receive their product information.



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