**Ultrasound 2024**

# Please provide the names of the Application Specialists

# at each of the Practical Sessions

**Name of Exhibitor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stand No \_\_\_\_\_\_\_\_**

**Contact name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| **Day 1** |
| **Session** | **Staff Name** | **Grab Bag (Yes/No) plus any dietary details** |
| **11. 30 – 13.00****MSK Lower Limb** |  |  |
| **14.00 – 15.30** **MSK Upper Limb** |  |  |
| **Day 2** |
| **Session** | **Staff Name** | **Grab Bag (Yes/No) plus any dietary details** |
| **08.30 – 10.00 Interventional** |  |  |
| **10.30 – 12.00** | **No machines required** |
| **13.00 – 14.30****Liver Doppler** |  |  |
| **15.00 – 16.30****PoCUS** |  |  |
| **Day 3** |
| **Session** | **Staff Name** | **Grab Bag (Yes/No) plus any dietary details** |
| **09.00 – 10.50** | **No machine required** |
| **11.20 – 13.10** | **No machine required** |

To be returned to tracey@bmus.org by 21st November 2024