



Cardiology Workshop / Symposium
“How to diagnose, How to treat & When to refer”
Saturday, October 3, 2009
Deadline to Register September 28, 2009

Saturday, October 3, 2009

The Hyatt Lodge
2815 Jorie Boulevard
Oak Brook IL 60523

5 Hours Continuing Education Credit

Course Directors:

Mike Luethy, DVM
 DACVIM (Cardiology)
 Iowa State University

Eva Sikorska, DVM
 DACVIM (Cardiology)
 The Ohio State University

Bill Brown, DVM
 DACVIM (Cardiology)
 University of Illinois

Dana Buoscio, DVM
 DACVIM (Cardiology)
 University of Illinois

Schedule of Events

8:00 AM - 9:00 AM	Registration and Check-In <i>Continental Breakfast will be served.</i>
9:00 AM – 9:50 AM	General Session <i>Opening remarks, Understanding Cardiology-101, Case studies, Key objectives for the day. (All Speakers)</i>
10:00 AM – 10:50 AM	Small group sessions begin. 50 minutes at each position, then rotate to the next site.
	Site 1 “Canine and Feline Radiology Basics” <i>Dr. Mike Luethy</i>
	Site 2 “The Basics of ECG’s in clinical practice” <i>Dr. Eva Sikorska</i>
	Site 3 “Canine Cardiomyopathies” <i>Dr. Bill Brown</i>
	Site 4 “Feline Cardiomyopathies” <i>Dr. Dana Buoscio</i>
11:00 AM – 11:50 PM	Rotations Continue
12:00 PM – 1:00 PM	L U N C H E O N
1:10 PM – 2:00 PM	Rotations Continue
2:10 PM – 3:00 PM	Rotations Continue
3:15 PM – 4:00 PM	Closing remarks <i>Question and Answer session on topics of the day, Case reviews, Toughest cardiology questions. (All Speakers)</i>

Grateful Acknowledgement for generous sponsorship and support of this program is made to
Boehringer-Ingelheim Vetmedica

Registration, per ISVMA Member	\$135
Registration, per ISVMA Non-Member	\$150
<i>(Includes Lectures, Continental Breakfast, Luncheon, and Course Notes)</i>	

Cancellations refunded in full up to Sept. 28, 2009
LESS \$50 processing fee. Substitutions welcome.

DVM attendees only please.

Seating is limited; a waiting list will be kept if needed.
Walk-ins allowed if space permits; please contact the ISVMA at 217.546.8381 to confirm availability of space.

Questions? Contact the ISVMA by phone at 217.546.8381 or by email at info@isvma.org.

REGISTRATION FORM --

Cardiology Workshop/Symposium

Name _____

Degrees/Certifications: (circle) *DVM VMD Dr.Sci Other*

Email address _____

All registration confirmations will be forwarded by email. Please submit email address to forward your confirmation.

Mailing Address: (circle) *Business Home*

Address Line 1 _____

Address Line 2 _____

City/State/Zip _____

Phone _____ Fax _____

To register online and pay by credit card, visit:
www.isvma.org

To remit by check, send this form with your payment to:
ISVMA 1121 Chatham Road, Springfield, IL 62704

To submit payment by credit card:
Fax completed form to 217.546.5633 or mail it to the address above.

Account # _____

Exp. Date: _____ Three Digit Code on Card Back _____

Cardholders Name _____

Signature _____

Billing Address if different than listed: _____