





AAEVT Imaging Education Event



Animal Imaging Clinic

500 Paddock Way | Irving, Texas 75039 (972) 869-2180 | www.animalimaging.net

May 10-11, 2019

Friday | May 10

Location TBD

CE Dinner 6:00 pm



Animal Imaging Clinic 500 Paddock Way | Irving Texas *7*5039

9:30 am

10:30 am

11:30 am

12:30 pm





Arrival, Registration, Welcome BreakfastSponsored by KindredBio 8:00 am

> **MRI -** Dr. Susan Emerson Sponsored by Hallmark 8:30 am

CT and Scintigraphy Angela Cimaglia, LVT

Anatomy Review: Limb Dissection Joni Watkins, RVT & Dr. Diane Isbell

CE Lunch Sponsored by Adequan

Afternoon Wet Labs: 3 Wet Lab Stations to Rotate Through All stations will review: Positioning, How to Use, Software, Maintenance

> **Difficult Views** MinXray - Joni Watkins

Ultrasound Sonosite - Dr. Diane Isbell

XRay: From Basic to Advanced Universal - Brandon French

Wrap up and Reception | 4:30 pm

RACE Eligibility Statement: This course has been submitted (but not yet approved) for 10 hours of continuing education credit in jurisdictions which recognize AAVSB RACE approval; however participants should be aware that some boards have limitations on the number of hours accepted in certain categories and/or restrictions on certain methods of delivery of continuing education.

Contact Deb Reeder at DBReeder@gmail.com for further information regarding RACE CE credits

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500 Paddock Way | Irving, TX 75039 Advance Registration Form

Deadline for receipt of mailed registration forms is May 5th, 2019.

After this date please call or fax. Registration is limited so register early.

Full Name:	Designation:			
Street Address:	City: Postal Code or Zip:			
State: Country:				
Employer:				
Phone:	Fax: _			
Email:				
Member Number: Please check if	you are enrolled in	n the On-line Certificati	on Program:	
(Check one)	Member	Student		
Limited to 25 (10 CE hrs) (Includes Supplies & Food.) Please Check if You Plan on Attending:	\$200	\$100		
Friday CE Dinner				
Payment Method: Check Enclosed: Check # Credit Card: Visa MasterCard		ount:		
Card Number:		_Card Expiration:	Sec. Code:	
Name on Card(<i>PRINT CLEARLY</i>):				
Billing Address for Card:		Sta	ite: Zip:	
Cancellation policy I understand that will be no refund issued. If I cance		f the event, there will be	•	
	d all liability clain gistration by Fax t	•	(Please initial)	í