

Request for Bulk Sale Purchase

Company Details

Company _____

Address _____ City _____

State/Territory/Providence _____ Country _____

Authorized Representative

First Name _____ Last Name _____

Title _____ Email _____ Phone _____

Purchase Details

Please indicate the number of certificates you wish to purchase.

- | | |
|---|---|
| <input type="checkbox"/> POCUS Fundamentals
<input type="checkbox"/> Abdominal Aortic Aneurysm (AAA) Certificate
<input type="checkbox"/> Abdominal Trauma Certificate
<input type="checkbox"/> Cardiac Certificate
<input type="checkbox"/> Gastrointestinal Certificate
<input type="checkbox"/> Hepatobiliary/Spleen Certificate
<input type="checkbox"/> Lower Extremity DVT Certificate
<input type="checkbox"/> Lung Certificate
<input type="checkbox"/> MSK Lower Extremity Certificate | <input type="checkbox"/> MSK Soft Tissue Certificate
<input type="checkbox"/> MSK Upper Extremity Certificate
<input type="checkbox"/> Obstetrics/First Trimester Certificate
<input type="checkbox"/> Renal/Genitourinary Certificate
<input type="checkbox"/> POCUS Primary Care Certification
<input type="checkbox"/> Emergency Medicine Certification
<input type="checkbox"/> POCUS Musculoskeletal Certification
<input type="checkbox"/> Global POCUS Principles Certification |
|---|---|

Total Number of Certificates	
Discount Offered	

Will this be an annual purchase? Yes No

Please direct inquiries to the POCUS Academy team at POCUS@inteleos.org.