Heart Rhythm 2014

Registration & Housing

REGISTER, RESERVE A HOTEL & BOOK COURSES

HRSonline.org/Sessions

Fax completed registration form with credit card information to 508-743-9636

Mail completed registration forms with full payment to:
Heart Rhythm 2014
c/o Convention Data Services
107 Waterhouse Road
Bourne, MA 02532

800-748-5052
508-743-0529 – Outside North America

BADGE/CONTACT INFORMATION ** Denotes required field*

Member/Customer ID

Prefix | First Name* | Middle Initial/Name | Last/Family Name* | Suffix

Badge First Name *(if different from first name provided above)*

Degree/Certification*

Business Name*

Department | Job Title

NPI NUMBER In an effort to assist our industry partners' compliance with the mandatory reporting provisions of the Sunshine Act, which require electronic disclosure of any "payment or other transfer of value given to a physician" to the Department of Health and Human Services, HRS is requesting that U.S. physician attendees provide their National Provider Identifier (NPI) number when registering for HR2014. For more information, please visit the Centers for Medicaid and Medicare Services website at http://www.cms.gov.Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProviderStand/

MAILING INFORMATION ❑ Home OR ❑ Business

Street Address*

Street Address 2/Building or Suite Number

City* | State/Province* | Zip/Postal Code* | Country*

Phone* (country code/city code/number)

Mobile Phone (country code/city code/number) | Fax (country code/city code/number)

Email*

EMERGENCY CONTACT INFORMATION

Emergency Contact's First Name* | Emergency Contact's Last/Family Name*

Emergency Contact's Phone (country code/city code/number)*

❑ **Third Party Mailings Opt Out** Check this box to opt out of providing your contact information to exhibitors. If you do not check this box, your contact information will be provided to Heart Rhythm 2014 exhibiting companies so they may present you with information on related products and services by way of mail.

❑ **Heart Rhythm 2014 – Meeting Attendee Communicate or Opt Out** Check this box to opt-out of Heart Rhythm 2014 – Communicate. This social networking feature allows Heart Rhythm 2014 registrants to search and contact other registered colleagues before and during the Scientific Sessions. The feature will enable communications via e-mail, but your e-mail address will not be disclosed to other registrants. All e-mails will remain confidential. Exhibiting companies will not have access to this feature.

❑ **Special Services** Check here if you require special services.

Please describe special services: _____

SOURCE CODE INFORMATION

_____

Please enter above the Code found on your promotional mailing or email.*

Or

How did you first hear about Heart Rhythm 2014?

❑ Advertisement in Heart*Rhythm* Journal
❑ Advertisement – print publication
❑ Advertisement – website other than HRS
❑ Advance Program
❑ Email Announcement
❑ Facebook
❑ Heart Rhythm Society Website
❑ Professional Conference
❑ Twitter
❑ Word of Mouth
❑ Other _____

From where did you get additional information about Heart Rhythm 2014?
(Check all that apply)

❑ Advertisement in Heart*Rhythm* Journal
❑ Advertisement – print publication
❑ Advertisement – website other than HRS
❑ Advance Program
❑ Email Announcement
❑ Facebook
❑ Heart Rhythm Society Website
❑ Professional Conference
❑ Twitter
❑ Word of Mouth
❑ Other _____

SPECIAL DIETARY NEEDS

(Leave blank if not applicable)

❑ Kosher
❑ Vegetarian

Please note: All special meals must be requested by May 1, 2014.

Registrant name: _____

REGISTRANT PROFILE

** Denotes required field*

1. Primary Occupation* *(Check one)*

- ❑ Educator
- ❑ Engineer
- ❑ Hospitalist
- ❑ Manager/Administrator
- ❑ Nurse
- ❑ Nurse Practitioner
- ❑ Physician
- ❑ Physician Assistant
- ❑ Retired
- ❑ Sales/Marketing/Product Development
- ❑ Scientist
- ❑ Technician/Technologist
- ❑ Training: Fellow-in-Training
- ❑ Training: Medical Student/Intern/Resident
- ❑ Other: _____

2. Primary Area of Practice/Specialty* *(Check one)*

- ❑ Basic Research Science
- ❑ Clinical Cardiology
- ❑ Clinical Electrophysiology
- ❑ Clinical Research Science
- ❑ Heart Failure
- ❑ Hypertrophic Cardiomyopathy
- ❑ Interventional Cardiology
- ❑ Pediatric Cardiology
- ❑ Pediatric EP
- ❑ Surgery
- ❑ Translational Research Science
- ❑ Other: _____

3. Secondary Area of Practice/Specialty *(Check all that apply)*

- ❑ Basic Research Science
- ❑ Clinical Cardiology
- ❑ Clinical Electrophysiology
- ❑ Clinical Research Science
- ❑ Heart Failure
- ❑ Hypertrophic Cardiomyopathy
- ❑ Interventional Cardiology
- ❑ Pediatric Cardiology
- ❑ Pediatric EP
- ❑ Surgery
- ❑ Translational Research Science
- ❑ Other: _____

4. Primary Work Environment* *(Check one)*

- ❑ Academic Setting
- ❑ Association
- ❑ EP Private Practice
- ❑ Health Maintenance Organization/ Preferred Provider Organization
- ❑ Hospital (academic)
- ❑ Hospital (non-academic)
- ❑ Industry
- ❑ Multi-discipline Cardiology Private Practice
- ❑ Retired
- ❑ Veterans Administration
- ❑ Other: _____

5. Do you manage patients with: *(Check all that apply)*

- ❑ A risk for SCA
- ❑ Atrial Fibrillation
- ❑ Heart Failure
- ❑ Other: _____

6. How many of these procedures do you perform annually? *(Complete all that apply)*

- ❑ AF Ablation
  ___None ___1–25 ___26–50
  ___51–100 ___101–200 ___More than 200
- ❑ Device Interrogation
  ___None ___1–25 ___26–50
  ___51–100 ___101–200 ___More than 200
- ❑ Devices: ICDs
  ___None ___1–25 ___26–50
  ___51–100 ___101–200 ___More than 200
- ❑ Devices: Pacemaker
  ___None ___1–25 ___26–50
  ___51–100 ___101–200 ___More than 200
- ❑ Devices: CRT
  ___None ___1–25 ___26–50
  ___51–100 ___101–200 ___More than 200
- ❑ Lead Extractions
  ___None ___1–25 ___26–50
  ___51–100 ___101–200 ___More than 200
- ❑ SVT Ablation
  ___None ___1–25 ___26–50
  ___51–100 ___101–200 ___More than 200
- ❑ VT Ablation
  ___None ___1–25 ___26–50
  ___51–100 ___101–200 ___More than 200

7. Gender ❑ Male ❑ Female ❑ Choose Not to Answer

8. Date of Birth*

_____/_____/_____
(Month/Day/Year)

HEART RHYTHM 2014 SCIENTIFIC SESSIONS FEE CATEGORIES

The registration fee for Heart Rhythm 2014 includes Heart Rhythm On Demand and admission to the Opening Plenary, Meet-the-Experts, Mini Courses, Allied Health Professional Forums, Basic/ Translational Science Forum, Hands-On Session, How to, Case-Based Tutorials, Core Curricula, Complication Theatre, Rapid Fire Cases, Debates (including Battle of the Titans), Translational EP, Featured Symposia, Mini-Board Review, Oral Abstract and Poster Presentations, Technical Exhibits, Featured Poster Session & Reception, and the Awards Ceremony and Presidents' Reception.

An additional fee is required for the AF Summit, VT/VF Summit, Lead & Device Management Summit, and the Women in EP Networking Luncheon.

SCIENTIFIC SESSIONS FEE CATEGORIES	Early Through March 8	Advance/Onsite March 9 – May 10
❑ Physician Member	$955	$1,065
❑ Industry Member	$955	$1,065
❑ Scientist Member	$395	$485
❑ Allied Health Professional Member	$395	$485
❑ Affiliate Member	$275	$385
❑ Emeritus	$0	$0
❑ Physician Non-member	$1,195	$1,335
❑ Industry Non-member	$1,195	$1,335
❑ Scientist Non-member	$785	$895
❑ Allied Health Professional Non-member	$595	$725
❑ Fellows-in-Training Non-member	$595	$725
❑ Exhibiting Company Personnel Attending Scientific Sessions	$985	$1,085
❑ Group	$1,135	$1,275
❑ Students	$175	$175
❑ Guest	$85	$85
❑ Ticketed Functions — Member	$65	
❑ Ticketed Functions — Non-member	$85	

GUEST REGISTRATION

Includes admission to the Technical Exhibits, Featured Posters Session and Reception, and the Awards Ceremony and President's Reception ONLY. Guests cannot attend sessions and are not eligible for credits. Children under 16 years of age may not enter the Exhibit Hall at any time. Please contact CDS to register more than one guest.

Guest First Name _____

Guest Last/Family Name _____

Guest Badge Name _____

ONE-DAY REGISTRATION

The one-day registration fee includes admission to the non-ticketed sessions and Technical Exhibits held on the day of registration only. The Wednesday fee includes the Technical Exhibits and does not include the AF Summit, the VT/VF Summit, or the Lead & Device Management Summit.The Saturday fee does not include the Technical Exhibits. Ticketed functions with fees are extra for all registrants. *(Chose one day only.)*

ONE-DAY	Wednesday or Saturday	Thursday or Friday
Members	$295	$415
Non-members	$415	$530

TICKETED FUNCTIONS *(FEE REQUIRED)*

REGISTER EARLY! SPACE IS LIMITED!

By selecting ticketed functions below, you will be issued a ticket for each function. A Full Scientific Sessions Registration or a One-Day registration is required to be eligible to select the Women in EP Networking Luncheon.

AF Summit with HR 2014 Registration

- ❑ Members (Physicians, Industry, Scientists, and Emeritus), $335
- ❑ Members (Allied Health Professionals), $135
- ❑ Affiliate Members, $0
- ❑ Non-members (Physicians, Scientists, and Industry Exhibiting Company Personnel Attending Scientific Sessions and Exhibitor Conference), $445
- ❑ Non-members (Allied Health Professionals, Physician Assistants, Hospital Administrators, and Students), $235
- ❑ Non-member Fellows- or Scientists-in-Training, $135

AF Summit Only

- ❑ Members (Physicians, Industry, Scientists, and Emeritus), $525
- ❑ Members (Affiliates and Allied Health Professionals), $295
- ❑ Non-members (Physicians, Industry, Scientists, and Exhibiting Company Personnel NOT Attending Scientific Sessions), $625
- ❑ Non-members (Allied Health Professionals, Physician Assistants, Hospital Administrators, Fellows- or Scientists-in-Training, and Students), $395

Lead & Device Management Summit with HR 2014 Registration

- ❑ Members (Physicians, Industry, Scientists, and Emeritus), $335
- ❑ Members (Allied Health Professionals), $135
- ❑ Affiliate Members, $0
- ❑ Non-members (Physicians, Scientists, Industry, Exhibiting Company Personnel Attending Scientific Sessions, Exhibitor Conference), $445
- ❑ Non-members (Allied Health Professionals, Physician Assistants, Hospital Administrators, and Students), $235
- ❑ Non-member Fellows- or Scientists-in-Training, $135

Lead & Device Management Summit Only

- ❑ Members (Physicians, Industry, Scientists, and Emeritus), $525
- ❑ Members (Affiliates and Allied Health Professionals), $295
- ❑ Non-members (Physicians, Industry, Scientists, and Exhibiting Company Personnel NOT Attending Scientific Sessions), $625
- ❑ Non-members (Allied Health Professionals, Physician Assistants, Hospital Administrators, Fellows- or Scientists-in-Training, and Students), $395

VT/VF Summit with HR 2014 Registration

- ❑ Members (Physicians, Industry, Scientists, and Emeritus), $335
- ❑ Members (Allied Health Professionals), $135
- ❑ Affiliate Members, $0
- ❑ Non-members (Physicians, Scientists, Industry, Exhibiting Company Personnel Attending Scientific Sessions, Exhibitor Conference), $445
- ❑ Non-members (Allied Health Professionals, Physician Assistants, Hospital Administrators, and Students), $235
- ❑ Non-member Fellows- or Scientists-in-Training, $135

VT/VF Summit Only

- ❑ Members (Physicians, Industry, Scientists, and Emeritus), $525
- ❑ Members (Affiliates and Allied Health Professionals), $295
- ❑ Non-members (Physicians, Industry, Scientists, and Exhibiting Company Personnel NOT Attending Scientific Sessions), $625
- ❑ Non-members (Allied Health Professionals, Physician Assistants, Hospital Administrators, Fellows- or Scientists-in-Training, and Students), $395

Women in EP Networking Luncheon

Please select if you plan on attending.

Thursday, May 8, 12:15 – 1:15 p.m.

❑ Members: $65 ❑ Non-members: $85

FUNCTIONS THAT REQUIRE ADVANCE SELECTION

A Full Scientific Sessions Registration or a One-Day registration is required to attend these functions. However, to assist us in determining the appropriate room size, please select the functions you plan to attend. A ticket will not be issued to attend these functions. Seating will be available on a first-come, first-served basis.

MINI-COURSES

Wednesday, May 7

See the *Advance Program* or visit **www.HRSonline.org/Sessions** for a complete listing of Mini-Courses (MC) (space is limited; indicate choices by MC number).

❑ **8 – 11 a.m.**
1st choice (MC) ____ 2nd (MC) ____ 3rd (MC) ____

❑ **1 – 4 p.m.**
1st choice (MC) ____ 2nd (MC) ____ 3rd (MC) ____

ALLIED PROFESSIONAL FORUMS

Allied Professional Forum I will explore basic to advanced concepts in cardiac rhythm device patient management and include the Hands-on-Educational Session.

❑ **Wednesday, May 7, 8 a.m. – 4 p.m.**

Allied Professional Forum II will provide an overview of EP fundamentals from basic to advanced content includes the Hands-on-Educational Session.

❑ **Wednesday, May 7, 8 a.m. – 4 p.m.**

Allied Professional Forum III is new this year and offers patient management content geared toward advanced clinical care providers and includes the Hands-on-Educational Session.

❑ **Wednesday, May 7, 8 a.m. – 4 p.m.**

BASIC/TRANSLATIONAL SCIENCE FORUM: Sub-Cellular Electrophysiology — Looking Inside the Myocyte

The Basic/Translational Science Forum, designed in partnership with CES, is a half-day program comprised of state-of-the-art talks relevant to experimental cellular electrophysiology, the role of cellular compartments, and the mechanisms of heart rhythm disorders. This year's forum places particular emphasis on sub-cellular structures and their role in arrhythmia genesis, and features the Douglas P. Zipes Lectureship presented by Stanley Nattel, MD, FHRS.

❑ **Wednesday, May 7, 8 a.m. – noon**

CARDIAC ELECTROPHYSIOLOGY SOCIETY PROGRAM

Open to CES members only! Two half-day programs hosted by the Cardiac Electrophysiology Society (CES) at Heart Rhythm 2014:

❑ **Early Repolarization — Wednesday, May 7**

❑ **iPS-CMs as a Cardiac Cell Model Arrhythmia — Thursday, May 8**

(Tip: Use the account look-up feature on the registration site rather than create a new account.)

Registrant name: _____

Society Leadership Lunch Forum

❑ **Wednesday, May 7, Noon – 1 p.m.**

Featured Poster Session and Reception

Included in the Scientific Sessions registration, Wednesday-only, and guest registrations. *Please select if you plan on attending.*

❑ **Wednesday, May 7, 6 – 7:30 p.m.**

Awards Ceremony & Presidents' Reception

Included in the Scientific Sessions registration, Friday-only, and guest registrations. *Please select if you plan on attending.*

❑ **Friday, May 9, 6 – 7:45 p.m.**

Final Program Book

❑ Yes, I would like to receive a print version of the Final Program. A voucher will be included in your registration material to be exchanged for a Final Program book onsite. An electronic version of the Final Program (eBook) will be available and viewable on tablets and desktop computers.

ADDITIONAL HEART RHYTHM SOCIETY PRODUCTS

Heart Rhythm On Demand — NEW THIS YEAR: Heart Rhythm On Demand is included with the Heart Rhythm 2014 registration fee*

Registration to one Summit (AF, VT/VF, or Lead & Device Management) includes free on-demand online access to all three; the Summits are not included in the full Heart Rhythm On Demand collection

❑ Yes, I would like to purchase Heart Rhythm On Demand on a USB Drive

❑ $475 member price ❑ $575 non-member price

**Heart Rhythm On Demand is available to faculty, students, and one-day registrants for a separate fee.*

Heart*Rhythm* Journal Subscription

The official Journal of the Heart Rhythm Society

Please note: If you are a member, a subscription is already included in your membership.

Early through 3/8/14

❑ Domestic: $235 ❑ International: $262

HOTEL INFORMATION

Housing Deadline is Friday, April 11, 2014

❑ No hotel required: staying at/sharing with _____

Arrival Day/Date: _____

Departure Day/Date: _____

Hotel Choices (See the *Advance Program* or **www.HRSonline.org/Sessions** for listing; list choices in order of preference):

Choice is based on: ❑ Price ❑ Location

1. _____
2. _____
3. _____
4. _____

Room Type:

❑ Single Occupancy/One Person
❑ Double Occupancy/Two Persons/One Bed
❑ Double Occupancy/Two Persons/Two Beds
❑ Triple Occupancy/Three Persons
❑ Quad Occupancy/Four Persons
❑ Suite Request

Special Requests: *(Subject to availability)*

❑ Nonsmoking Room
❑ I have a disability that will require accommodation
❑ King Bed
❑ Concierge Level
❑ Frequent Stay Program Name and ID Number: _____

Please note: Hotel rooms are limited. If none of my choices are available, please check one of the following:

❑ Do not assign me a room.
❑ Assign me a room at any available hotel.
❑ Assign me a room at a hotel with a similar price.
❑ Assign me a room at a hotel in a similar location.

A deposit of one night's room and tax by assigned hotel at applicable rate is required. Credit cards will be charged on or around April 11, 2014.

PAYMENT & PROCESSING OF FEES

TOTAL PAYMENT FOR REGISTRATION, FEE-BASED FUNCTIONS, and OTHER RELATED PRODUCTS = $_____

Credit cards are billed immediately upon receipt of registration form. Checks/Money orders must be in U.S. funds and drawn on a U.S. bank. Checks/Money orders must be made payable to **Heart Rhythm Society**.

Credit Card: ❑ MasterCard ❑ VISA ❑ American Express

_____
Card Number

_____
Expiration Date (MM/YY)

_____
Print Cardholder's Name

_____
Cardholder's Signature

Refund requests must be submitted in writing to CDS and received by 5 p.m. EDT, April 11, 2014. A $75 processing fee will be withheld.

Register today, visit **www.HRSonline.org/Sessions**

TOTAL PAYMENT FOR HOTEL = $_____

Credit card deposit will be billed on or around April 11, 2014.

Credit Card: ❑ MasterCard ❑ VISA ❑ American Express

_____
Card Number

_____
Expiration Date (MM/YY)

_____
Print Cardholder's Name

_____
Cardholder's Signature

Cancellation policy is noted on the confirmation letter. Failure to cancel your room will result in forfeiture of the deposit payment.