REGISTRATION FORM

Heart Failure and Valve Strategies for Clinical Application
April 25, 2015; Oxford Conference Center; 102 Ed Perry Blvd. Oxford, MS 38655

Please use **ONE of these methods** to register; (do not mail if previously faxed, telephoned or registered online)
1. **Mail** completed form to: American College of Cardiology; Attn: Resource Center P.O. Box 79231, Baltimore, MD 21279-0231
2. **Fax** the registration form to: 202-375-7000
3. **Call** 800-253-4636, ext 5603, or (Outside the U.S and Canada, 202-375-6000, ext 5603)
4. **Visit** **ACC.org** to register online

Membership Number (If applicable)

_____

Last Name *(Please print clearly)* **First Name** **Middle Initial**

☐ MD ☐ DO ☐ PhD ☐ RN ☐ NP ☐ PA ☐ CNS ☐ Other _____

_____
Street Address

_____
City State Zip

_____
Office Phone Office Fax Email *(Please print clearly)*

_____
Practice Administrator's Name Phone

What is your primary medical area of interest: (Check one)

☐ Adult Cardiology ☐ CV Surgery ☐ Family/General ☐ Internal Medicine ☐ IV Cardiology ☐ Ped. Cardiology ☐ Radiology ☐ Other _____

Please register me as:	**Cost**
Member Physician	☐ Free
International Associate	☐ Free
Non member Physician	☐ Free

No Payment is collected at Registration.

☐ **Special Needs** (Please advise us of your needs)

_____

Special Dietary Requirements: (Advance notification required)

☐ Vegetarian ☐ Other _____ (Please Specify) ACC staff will contact you to verify if this Special Meal Request can be accommodated

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