The Heart Valve Society

An International Heart Team. Leaders in Evaluation, Management & Research.

Inaugural Scientific Meeting

ATTENDEE INFORMATION *Please Print*		
Name	**Hospital/Affiliation**	
Address	**City**	
State/Province	**Country**	**Postal Code**
Phone	**Fax**	
Email Address *(required for confirmation)*		

REGISTRATION FEES				**All Fees Quoted & Payable in EUR**
PARTICIPANT TYPE	**EARLY BIRD** *Thru March 6*	**REGULAR** *Beginning March 7*	**ONSITE** *Beginning April 30*	**Amount**
HVS Member Physician & PhD	**€500**	**€550**	**€650**	
Non-Member Physician & PhD	**€700**	**€750**	**€850**	
Allied Health: PAs/ Nurse Practitioners	**€300**	**€325**	**€350**	
Resident & Fellows*	**€300***	**€325***	**€350***	
Non-Exhibiting Industry	**€1000**	**€1200**	**€1200**	
			TOTAL ENCLOSED	
*** Must Provide Letter from Chief of Service**				

□ MasterCard □ VISA □ AMERICAN EXPRESS

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(If not the same as address listed above)
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I authorize HVS to charge my credit card the above fees.

BECOME A MEMBER AND REGISTER ONLINE AT www.HeartValveSociety.org

FAX THIS FORM: 1-978-524-0461. If paying by check or money order, please **MAIL THIS FORM**:
HVS, 2015 Meeting, 500 Cummings Center, Suite 4550, Beverly, MA 01915 USA.

CANCELLATIONS
All requests for cancellations must be in writing and received at the HVS Administrative Offices on or before April 17, 2015. The registration fee, less a €50 processing fee, will be refunded after the meeting. No refunds are available for partial attendance. No refunds will be issued for cancellations received after April 17, 2015.