NCVH
New Cardiovascular Horizons

Fellows Course

Complex Strategies for Peripheral Interventions

New Orleans | May 26, 2015

Chairmen: Carlos Mena, MD | Craig Walker, MD

Fellows Course Application

First Name: _____ Last Name: _____ Credentials: _____

Affiliation/Institution: _____

Specialty (please check one): ☐ Interventional Cardiology ☐ Interventional Radiology ☐ Vascular Surgery ☐ Other: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (include extension, if needed): _____ E-Mail: _____

Date of Fellowship Completion: _____

Travel Information

Preferred Airport: _____ Date of Return (please check one): ☐ Friday, May 29, 2015 ☐ Saturday, May 30, 2015

Credit Card Information

A valid credit card is required. Administration Fee: A $10 processing fee will be charged for application review.

Please check the box and sign below to agree to these terms and conditions. ☐ I agree

Cardholder's Name: _____

Card type: ☐ Visa ☐ Master Card ☐ Discover Card ☐ American Express

Credit Card Number: _____ CVV: _____ Exp. Date: _____

Cardholder's Billing Address: _____

City: _____ State: _____ Zip: _____

***By signing this application, NCVH is authorized to charge the credit card on file if the following requirements are not met:*

- *Attend Fellows Course activities beginning at 6:00 p.m. on Monday, May 25, 2015 through 6:00 p.m. on Tuesday, May 26, 2015*
- *Attend a minimum of 20 hours at New Cardiovascular Horizons, May 27-29,2015*

If requirements are not met, NCVH will charge the provided credit card immediately with no exceptions.

Signature: _____ Date: _____

- *All cancellations prior to Friday, May 1, 2015 5:00 pm (CDT) will result in charging credit card on file the travel agency fee of $35 & airfare cancellation fees.*
- *All cancellations after Friday, May 1, 2015 5:00 pm (CDT) will result in charging the credit card on file all fees that NCVH incurs (includes flight, hotel, and NCVH fees).*