Registration Form

CMHC
10TH ANNUAL
Cardiometabolic Health Congress
October 21 - 24, 2015 • Boston, MA

Ways To Register

Online:
www.cardiometabolichealth.org/register.asp

Phone:
877.571.4700
732.758.0030 - outside the USA

Fax:
866.218.9168

Mail Registration Form with Payment:
2015 Cardiometabolic Health Congress
c/o Tarsus Cardio Inc.
1801 N Military Trail, Ste 200
Boca Raton, FL 33431

Registration Fees

	Register By 6/26/15	Register By 10/2/15	Register By 10/15/15	Special Online Only Pricing 10/16/15 - 10/20/15	On-Site Beginning 10/21/15
Physicians*	$595	$695	$795	$850	$895
Allied Health Professionals*	$495	$595	$695	$750	$795
Residents/Fellows**	$200	$250	$300	$325	$350
Industry	$995	$1,095	$1,295	$1,350	$1,395

* Must be engaged in clinical practice and not employed by a pharmaceutical, medical device, medical education/advertising agency, or similar company to be eligible for the physician or allied health professional discounted registration fees.
** ID card from school, residency, or fellowship program is required for verification. Please fax information to 866.218.9168. No other discounts apply.

Prefix First Name Last Name Degree(s)

Title

Affiliation/Company

Address 1

Address 2

City State Zip Code

Home/Office Phone Mobile Phone

Email Fax

The ***primary focus*** of my practice is (check one):

○ Lipidology ○ Endocrinology/Diabetology ○ Pharmacy ○ Hypertension ○ Clinical Cardiology/Preventive Cardiology
○ Nephrology ○ Diabetes Education ○ Primary Care/Family Practice ○ Obesity/Weight Management
○ Other _____

I have been a practicing clinician for _____ years (*fill in the number of years in the blank provided*).

How many patients do you see per week? _____

Which best describes your primary workplace setting? (check one):

○ Office-based ○ Hospital ○ Academic ○ Government ○ Pharmacy ○ Industry ○ Other_____

How Did You Hear about the CMHC?

☐ Brochure ☐ Email Invitation ☐ Colleague ☐ Journal Advertisement ☐ Internet Search ☐ Phone Call
☐ Link from another website ☐ Past Attendee ☐ Other:_____

Total Amount Due _____ Discount Code _____

Method of Payment: ○ Check ○ Visa ○ MasterCard ○ American Express ○ Discover

Account Number _____ Expiration Date _____ Sec Code _____

Cardholder Name _____ Billing Zip Code _____

Cardholder Signature _____

Cancellation Policy
Cancellations must be made in writing via fax to 866.218.9168 or email to info@cardiometabolichealth.org. Refunds, less a $100 service fee, will be given if written cancellation is received no later than August 21, 2015. No refunds will be given after August 21, 2015. To send a substitute, please call 877-571-4700 or email request to info@cardiometabolichealth.org.