



*presents*

***First Annual Worldwide***

# **Lead Management**

## **Collaborative Community Meeting**

**Wednesday, May 8, 2013**  
**7:00 – 10:30 pm**

**Centennial Ballroom, F – H, 3rd Level**  
**Hyatt Regency Denver at Colorado Convention Center**  
**Denver, CO**

**Register Today: [ccfcme.org/2leadmgmt13](http://ccfcme.org/2leadmgmt13)**

**REGISTRATION IS COMPLIMENTARY – RECEPTION INCLUDED**

This program is not part of the Heart Rhythm 2013, 34th Annual Scientific Sessions, as planned by the Heart Rhythm Society Scientific Sessions Program Committee. This event is neither sponsored by nor endorsed by the Heart Rhythm Society.



## Registration Form

Course 01110010 | Office Use Only

Fee \_\_\_\_\_ Date \_\_\_\_\_

MOP \_\_\_\_\_ CXL/Fee \_\_\_\_\_

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### Two Ways to Register



**ONLINE**

**[ccfcme.org/2leadmgmt13](http://ccfcme.org/2leadmgmt13)**



**BY MAIL**

The Cleveland Clinic Educational Foundation  
PO Box 931653, Cleveland, OH 44193-1082

**Please Print** Complete the information below if registering by mail.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Specialty: \_\_\_\_\_

Practice Type: ☐ Office-Based ☐ Hospital Staff ☐ Resident/Fellow ☐ Other

### Registration Fee – Complimentary

|                          |                                              |
|--------------------------|----------------------------------------------|
| <input type="checkbox"/> | Physician                                    |
| <input type="checkbox"/> | PhD                                          |
| <input type="checkbox"/> | Resident/Fellow                              |
| <input type="checkbox"/> | Physician Assistant/Nurse/Nurse Practitioner |
| <input type="checkbox"/> | Other                                        |

|                          |                                                                                 |
|--------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> | Yes, I will attend the complimentary reception prior to the symposium.          |
| <input type="checkbox"/> | No, I will not be attending the complimentary reception prior to the symposium. |

**For registration questions, please email [cmeregistration@ccf.org](mailto:cmeregistration@ccf.org) or call 216.448.0777**