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Million Hearts® Missouri

Sharing Prevention Innovations in Cardiovascular Disease

Friday, Feb. 1 - Saturday, Feb. 2, 2019

Registration Fees:

___ $80 Friday and Saturday

___ $50 Friday Only

___ $40 Saturday Only

The registration fee includes all conference materials and catered food functions. Please note that if you register without paying, you are responsible for payment whether or not you attend the conference unless you cancel prior to Friday, January 25, 2019.

Registration Information:

Registration fees may be paid by credit card or check. You may register online (credit card payment only) or by using the paper form (credit card or check payment). Online registration is available until January 29, 2019. After the 29th, you will need to register using the paper form and FAXing to our office.

Registrations may be mailed to:
Continuing Medical Education
PCCLC Suite 301
One Hospital Drive DC018.00
Columbia, MO 65212

Or FAX the completed form to:
573/882-5666.

Substitution and Refund Policy:

If you register but cannot attend, you may substitute another individual from your organization. A substitution must be made in writing and mailed to the address above or emailed to pancellat@health.missouri.edu.

A full refund of fees less a $10 administrative fee will be made if notice of cancellation is received, in writing, prior to Friday, January 25, 2019.

No refunds will be made after January 25, 2019.

REGISTRATION FORM

Name _____
First Middle Last

Degree _____

___ I DO NOT want my name printed on the conference roster

Office Name _____

Office Address _____

_____
City State ZIP County

Office Phone _____

Office Fax Number _____

E-mail Address _____

Please indicate any special arrangements or dietary requirements needed to attend this conference:

_____

Payment Information

___ Check enclosed (Make payable to the University of Missouri)

Please charge my ___Discover ___Mastercard ___Visa ___American Express

Print name as it appears on card _____

Signature _____

Mailing address if different from above _____

_____
City State ZIP County

Account Number _____ Exp. Date _____