

29th Annual

# Heart Failure 2025

## An Update on Therapy

May 3, 2025 Millennium Biltmore Hotel, Los Angeles

### CANCELLATIONS

Because of advance planning requirements, a full refund less a \$40.00 processing fee will be given if you cancel in writing and postmark by **April 12, 2025**. No refunds will be given after April 12, 2025.

### CONFERENCE SECRETARIAT

#### Complete Conference Management

3320 Third Avenue, Suite C  
San Diego, CA 92103  
Ph. 619-299-6673

### CONFERENCE REGISTRATION FEES *(register online at LAHeartFailure.com)*

Heart Failure 2025	Early Bird on or before Mar. 3, 2025	Pre-Registration Mar. 4 - Apr. 11, 2025	On-site Registration After Apr. 12, 2025
Physician	\$130	\$150	\$160
Nurse / Allied Health	\$100	\$120	\$130
Student/Fellow <i>(with letter of verification)</i>	\$50	\$50	\$50
Industry	\$130	\$150	\$160

Registration includes morning coffee, coffee breaks, Industry Sessions (Breakfast and Lunch), digital symposium syllabus, speaker slides (downloads), CME Credits/Certificate and 90 day access to post-symposium on-demand session recordings.  
Register online at: [LAHeartFailure.com](http://LAHeartFailure.com)

### REGISTRATION FORM - Heart Failure 2025 - An Update on Therapy

I will attend:  In-person  Virtually

Name \_\_\_\_\_  
Last First MI Title

Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Professional Specialty \_\_\_\_\_ Special Needs for Disabled \_\_\_\_\_

Yes, I will attend the Saturday Product Theater Breakfast session *(Non-CME)*.

Yes, I will attend the Saturday Product Theater Lunch session *(Non-CME)*.

#### CHECK PAYMENT

Make your check or money order payable to:

**Foundation for Heart  
Failure Education, Inc.**

MAIL FORM TO: Complete Conference Management  
3320 Third Avenue, Suite C  
San Diego, CA 92103

FAX TO: 619-299-6675

#### CREDIT CARD PAYMENT – (Visa, Mastercard, American Express and Discover **ONLY**)

Card # \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_

Amount \$ \_\_\_\_\_ Signature \_\_\_\_\_