

REGISTRATION

San Diego Heart Failure Symposium 2024

First Name _____

Last Name _____

Title _____

Office Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Professional Specialty _____

Special Needs for Disabled _____

REGISTRATION FEES	on or before June 10	on or after June 11
Physician	\$199	\$250
Nurse & Allied Health Care	\$129	\$149
Students with Student ID*	\$50	\$50
<i>*with letter from Department Supervisor</i>		

CREDIT CARD PAYMENT (Visa, Mastercard, Am Ex or Discover)

Name _____

Card Number _____

Exp. Date _____ Security Code _____

Name on Card _____

Billing Address _____

Amount \$ _____

Signature _____

Register Online: SanDiegoHeartFailure.com

CHECK OR MONEY

ORDER PAYMENT

(in US dollars)

Make payable to:

**San Diego Heart Failure
Symposium**

MAIL OR FAX TO:

Complete Conference Management

3320 Third Avenue, Suite C

San Diego, CA 92103

Fax: 619-299-6675

SYMPOSIUM CANCELLATIONS

If your registration must be cancelled and a refund of your fee is desired, your fee, less \$35 for administrative costs, will be refunded upon receipt of a written request that includes your signature. No refunds will be made after **June 30, 2024**.