

REGISTRATION

San Diego Heart Failure Symposium 2018
June 1-2, 2018

First Name _____

Last Name _____

Title _____

Office Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Professional Specialty _____

Special Needs for Disabled _____

REGISTRATION FEES	Early Bird Reg. <i>on or before April 23, 2018</i>	Pre-Reg <i>April 24- May 18, 2018</i>	Registration <i>on or after May 19, 2018</i>
Physician	\$130	\$160	\$190
Nurse & Allied Health Care	\$110	\$130	\$160
Students with Student ID*	\$60	\$60	\$60

**with letter from Department Supervisor*

RSVP REQUIRED FOR THESE EVENTS (*included with registration*)

Friday (*PLEASE ENROLL EARLY, SPACE IS VERY LIMITED*)

Friday Session I - 12:25pm-5:10pm

Optional Lunch Session - 12:15pm-1:15pm (*non-CME*)

Saturday

Optional Breakfast Session - 7:00am-8:00am (*non-CME*)

Optional Lunch Session - 12:20pm-1:40pm (*non-CME*)

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

Name _____

Card Number _____

Exp. Date _____ Security Code _____

Name on Card _____

Billing Address _____

Amount \$ _____

Signature _____

CHECK OR MONEY

ORDER PAYMENT

(in US dollars)

Make payable to:

UC Regents

MAIL OR FAX TO:

Complete Conference Management

3320 Third Avenue, Suite C

San Diego, CA 92103

Fax: 619-299-6675