

**29th Annual
San Diego Heart Failure Symposium**

July 14 & 15, 2023

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 June 7, 2023</i>	Registration <i>on or after June 8, 2023</i>
Physician	\$169	\$199
Nurse & Allied Health Care	\$99	\$129
Students with Student ID*	\$50	\$50

**with letter from Department Supervisor*

I will Attend: ___ **In-Person** ___ **Virtually**

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