

REGISTRATION FORM

7TH ANNUAL SYMPOSIUM

CONTEMPORARY MANAGEMENT OF CARDIOVASCULAR DISEASE IN WOMEN JUNE 8, 2024

Register Online at: WomensCVDLA.com

First Name _____

Last Name _____

Title _____

Office Address _____

City _____

State _____

Zip _____

Phone _____

Fax _____

Email _____

Professional Specialty _____

Special Needs for Disabled _____

REGISTRATION FEES

	on or before May 8, 2024	on or after May 9, 2024
Physician Registration	\$150	\$175
Nurse / Allied Health	\$100	\$125
Physician in Training	No Charge (with letter of verification upon check-in)	No Charge

CREDIT CARD PAYMENT - Visa, Mastercard, Discover or Am Ex ONLY

Name of Registrant _____

Card Number _____

Security Code _____ Exp. Date _____

Name on Card _____

Billing Address _____

Amount \$ _____

Signature _____

CHECK OR MONEY ORDER PAYMENT (in US Dollars)

Make payable to:

**PIH Health Good Samaritan
Hospital**

Send or Fax to:

Complete Conference Management
3320 Third Avenue, Suite C
San Diego, CA 92103
Fax: 619-299-6675