



**CLINICAL TRIAL ROW**

HFSA will again offer groups participating in heart failure drug and device clinical trials the opportunity to post information about a trial *in the recruitment or follow-up phase* as part of “Clinical Trial Row.”

**LOCATION:**

Exhibit Hall 4B, Washington State Convention Center, Seattle, WA  
Examples of information that may be included on the poster board:

- How to become a center
- Inclusion/exclusion criteria
- List of centers participating
- Name of trial
- Payments to centers
- Pocket for brochures describing trial/contact information
- Protocols
- Recruitment dates
- Reporting requirements
- Source of financial support
- Sponsor
- Statistical power
- Trial design

Trials will be arranged by company if payment for all boards has been received by Friday, July 13, 2012.

Boards may be staffed at any time during regular Exhibit Hall hours to answer questions about the study. Trial names with acronyms will be listed in the final program book for the Scientific Meeting.

**Cost:** \$850      **Format:** Information to be placed on a 4 x 8 ft poster board in a dedicated area in the Exhibit Hall.

All other rules for exhibiting apply. See 2012 Exhibit Prospectus (available online at [hfsa.org](http://hfsa.org)).

If interested, please complete this form and return with payment of \$850. Payments may be made with Visa, MasterCard, American Express, check or money order (drawn on US banks only). Checks or money orders are payable to: Heart Failure Society of America and must accompany this form. Mail to the Heart Failure Society of America, Court International, Suite 240 South, 2550 University Avenue West, St. Paul, MN 55114. If paying by credit card, return completed form by fax 651-642-1502. No refunds for any reason, including cancellation of board(s). Payment will be processed after review and approval by HFSA.

Trial name: \_\_\_\_\_

Acronym: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Company providing financial support: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

check       money order       american express       visa       mastercard

Account number: \_\_\_\_\_ Expiration date (mm/dd/yy): \_\_\_\_\_

Name of card holder: \_\_\_\_\_ Signature of cardholder: \_\_\_\_\_