



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:

Exhibition Hall D, Hynes Convention Center, Boston, MA

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 provided payment for all boards has been received by Friday, July 8, 2011.

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 2011 Exhibit Prospectus (available online at 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 event. 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: _____