

ADVANCED HF/TRANSPLANT CARDIOLOGY

OCTOBER 1-3, 2010

MINNEAPOLIS AIRPORT MARRIOTT, BLOOMINGTON, MN

Please type or print clearly. All information requested is required. Incomplete forms will not be processed. Payment in full must accompany registration.

name (last, first, middle initial): _____ degree: _____

mailing address: _____

city: _____ state / province: _____ zip / postal code: _____ country: _____

phone: _____ fax: _____ email address: _____

Registration Fee:*	Advance	After June 1
HFSA member	<input type="checkbox"/> \$850	<input type="checkbox"/> \$1,050
Non-member	<input type="checkbox"/> \$1,150	<input type="checkbox"/> \$1,350

*Registration fee includes a meeting syllabus of all presentations, 3 continental breakfasts, 2 buffet lunches and 5 refreshment breaks.

Payment: Registration may be paid 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 address below). If you are paying by credit card, please complete and fax to 651-642-1502.

check money order american express visa mastercard

account number: _____

expiration date (mm/dd/yy): _____

name of cardholder: _____

signature of cardholder: _____

Refunds: If notice of cancellation is received in writing prior to July 15, 2010, registration fee will be refunded less a \$150 administrative charge. Registration cannot be transferred. No refunds will be issued after August 1, 2010.

Travel expenses: Registrants are responsible for their own travel and hotel. To make a hotel reservation call 1-800-228-9290 and identify yourself as "Heart Failure Society of America or HFSA Board Review Conference Attendee."

Heart Failure Society of America

Court International Suite 240 South
2550 University Avenue West
St. Paul, MN 55114

Phone: 651-642-1633

Fax: 651-642-1502

Email: info@hfsa.org

Website www.hfsa.org