

Phone: (651) 642-1633
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15th Annual Scientific Meeting: September 18-21, 2011
Hynes Convention Center, Boston, MA
Register Online: www.hfsa.org (Annual Scientific Meeting)

Participant: Please type or print clearly. ALL information requested is required. **Incomplete forms will not be processed.** Payment in full must accompany registration. Only one registrant per form. Please make photocopies of this form for additional registrants.

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

institution: _____

address: _____

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

email address:* _____ phone: _____ fax: _____

**Please enter e-mail address carefully. It will be used for verification of attendance and access to credit certificates.*

Registration Fees: To take advantage of the membership rate for the 15th Annual Scientific Meeting individuals must have paid 2011 dues by June 15, 2011. See HFSA web site (www.hfsa.org) for 2011 Membership Application.

Members:	advance	after 7/30/11	code	Amount
<input type="checkbox"/> MD, DO	\$525	\$625	FM	\$
<input type="checkbox"/> PhD	\$425	\$525	FP	\$
<input type="checkbox"/> Nurse/Nurse Practitioner	\$275	\$375	FN	\$
<input type="checkbox"/> Health Professional**	\$275	\$375	FH	\$
<input type="checkbox"/> Pharmacist	\$275	\$375	PH	\$
<input type="checkbox"/> FDA/NIH	\$225	\$325	FG	\$
<input type="checkbox"/> Trainee/Resident*	\$125	\$175	FT	\$
Nonmembers:	advance	after 7/30/11	code	Amount
<input type="checkbox"/> MD, DO	\$775	\$875	FM	\$
<input type="checkbox"/> PhD	\$635	\$735	FP	\$
<input type="checkbox"/> Nurse/Nurse Practitioner	\$485	\$585	FN	\$
<input type="checkbox"/> Health Professional**	\$485	\$585	FH	\$
<input type="checkbox"/> Pharmacist	\$485	\$585	PH	\$
<input type="checkbox"/> FDA/NIH	\$225	\$325	FG	\$
<input type="checkbox"/> Trainee/Resident*	\$250	\$300	FT	\$

* student, fellow, post-doc (full-time status only, signed verification letter from program director required). Letter may be faxed to 651-642-1502 or e-mailed to info@hfsa.org. Letters not received within 30 days of registering will result in cancellation of meeting registration. Any penalties will apply.

** dietitian, EMS, nutritionist, OT, PA, PT, policy analyst, physiotherapist, technician/research technician, social worker

Registration Profile:

Registration form will not be accepted without this section completed.

Check the category that best describes your profession:

- Adult Cardiologist
- Pediatric Cardiologist
- CV Surgeon
- ED Physician
- Family/General Practitioner
- Internist
- Hospitalist
- Physician, Other
- Scientist – PhD
- Scientist (non-PhD)
- Pharmacist
- Pharmacologist
- Technician/Research Technician
- Nurse/ Nurse Practitioner
- Physician Assistant
- Non-Medical
- Other Health Professional

Work Environment: (Check One)

- Academic Institution
- Clinic
- Government
- Hospital
- Industry
- Private Practice
- Other Healthcare Organization

Payment:

Credit card: If paying by credit card you must register on line. Registration may be paid by American Express, Visa or Mastercard.

Checks/Money Orders: Complete the application and send with check or money order (in US dollars and from US banks only) payable to: Heart Failure Society of America (HFSA), Court International, Suite 240 South, 2550 University Avenue West, St.Paul, MN 55114.

Refunds: If notice of cancellation is received in writing prior to Friday, August 12, 2011, registration fee will be refunded less a \$75 administrative charge. Registration cannot be transferred. No refunds will be granted after August 12, 2011.