

Registration

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Fax _____

*E-mail: _____

- Physicians** **\$200**
- Nurses*** **\$100**
- Allied Health Professionals*** **\$100**
- Dietitians*** **\$100**
- Full-time Students** **\$20**

**Group rate: \$75 per person for three or more individuals from same institution*

Payment must accompany registration form.

Check payable to **St. Mary's Regional Heart Institute** memo: CV Conf.

Discover _____ MC _____ Visa _____

Card Number: _____ Exp. Date _____

Card Holder Name: _____
(please print)

Credit Card Signature: _____
(required)

You may use one of the following methods to register:

Mail registration form and payment to:

St. Mary's Regional Heart Institute
Attn: Paula Cremeans
2900 First Ave., H 71
Huntington, W.V. 25702

Fax registration form with payment information to: (304) 526-8795.

For questions concerning registration, please call (304) 526-6029.

***E-mail address required for online evaluation and CME/CEU credits.**