REGISTRATION

Please register me for the 14th Annual Diabetes Symposium: Diabetes Update 2018 to be held Saturday and Sunday, October 20-21, 2018

First Name	Last Name
Title: □ MD □ PhD □ DO □ Other	Practice:
Affiliation/Institution:	
Address:	
City State/Province:	Postal Code or Country:
Telephone:	Fax:
E-mail:	
□ Subscribe me to CMe-news newsletter (email address required)	
Registration fee includes all course materials, cont	inental breakfast, lunch, and afternoon break.
□ Physicians (MD, DO)	\$300
☐ BCM/CHI–SL Physicians, Residents/Fellows	\$150
□ Non-Physician*	\$175
☐ BCM/CHI—SL Non-Physicians*	\$75
☐ Fellows-in-training, Residents	\$150
* (Nurses, Nurse Practitioners, Other Allied Health)	
Please indicate if you need special assistance. You will be contacted by a staff member.	
All fees should be in U.S. dollars, drawn on a U.S. bank	k, and made payable to Texas Heart Institute.
□ Visa □ MasterCard □ AmEx □ Discover	
Account #	Exp. Date
Fax this registration form only if payment is being made by credit card. Otherwise, mail the registration form and fee to—	

Texas Heart Institute
Office of Continuing Medical Education, MC 3-276
P.O. Box 20345
Houston, TX 77225-0345

Phone: 832-355-9100 | Fax: 832-355-9799 | E-mail: cme@texasheart.org

Cancellation Policy

Texas Heart Institute Office of CME must receive written notification of a refund request postmarked and dated no later than Friday, October 12, 2018. A \$50 processing fee will be assessed for each cancellation. Refunds cannot be made for those who register but do not attend the scheduled activities. Refunds will not be provided for cancellations made within 48 hours of the symposium. Texas Heart Institute reserves the right to cancel this activity if registration is deemed insufficient.

REGISTER ONLINE CME.TEXASHEART.ORG