

REGISTRATION

PLEASE MAIL OR EMAIL THIS COMPLETED FORM TO

DAVID ZAMORA | PO Box 20345, MC 1-224 | HOUSTON, TX 77225

dzamora@texasheart.org

FIRST NAME: _____ LAST NAME: _____

TITLE: CCP OTHER _____

AFFILIATION/INSTITUTION: _____

ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____

POSTAL CODE: _____ COUNTRY: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

PLEASE INDICATE IF YOU NEED SPECIAL ASSISTANCE. YOU WILL BE CONTACTED BY A STAFF MEMBER 

REGISTRATION FEE INCLUDES ALL COURSE MATERIALS AND MEALS.

\$175 PERFUSIONISTS (AWARDED ABCP CEUs)

\$35 GENERAL ATTENDANCE

FREE PERFUSION STUDENTS

I WOULD LIKE TO MAKE A DONATION TO THE SCHOOL OF PERFUSION IN THE AMOUNT OF \$ _____

ALL FEES SHOULD BE IN U.S. DOLLARS, DRAWN ON A U.S. BANK, AND MADE PAYABLE TO TEXAS HEART INSTITUTE SCHOOL OF PERFUSION.

ENCLOSED IS MY CHECK OR MONEY ORDER FOR \$ _____

VISA MASTERCARD AMEX DISCOVER

ACCOUNT # _____ EXP. DATE _____

SIGNATURE _____

FOR MORE INFORMATION GO TO TEXASHEART.ORG/PERFCONF