



19TH TEXAS UPDATE

IN CARDIOVASCULAR
ADVANCES

texasheart.org/update

REGISTRATION

Last Name: _____ First Name _____

Title: _____ MD PhD DO RN Other _____

Specialty: _____

Affiliation/Institution: _____

Address: _____

City, State/Province _____ Postal Code/Country _____

Telephone _____ Fax _____

E-mail Subscribe me to cme-news newsletter (email address required)

Registration fee includes all course materials, breakfast, lunch, and afternoon break.

Physicians (MD, DO)	\$225
Non-Physician (PA, PhD, Other Allied Health)	\$100
Residents, Fellows, and Medical Students	\$50
Nurses Practitioner/Nurses	\$25
THI/BCM/CHI SL Fellows	\$0

o 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, and made payable to Texas Heart Institute.

Visa MasterCard AmEx Discover

Account # _____ Exp. Date _____

Mail 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

All symposium cancellations must be received in writing by Monday, December 30, 2019. No refunds will be made after this date. A \$75 processing fee will be assessed for each cancellation. No refund will be made for those who register but do not attend. Texas Heart Institute reserves the right to cancel this symposium if registration is deemed insufficient.