

10th Annual

WOMEN'S HEART & VASCULAR SYMPOSIUM

TEXASHEART.ORG/WOMENCME

Last Name: _____ First Name _____

Title: _____ o MD o PhD o DO o RN o Other _____

Specialty: _____

Affiliation/Institution: _____

Address: _____

City, State/Province _____ Postal Code/Country _____

Telephone _____ Fax _____

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

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

- | | |
|--|-------|
| <input type="checkbox"/> Physicians (MD, DO) | \$250 |
| <input type="checkbox"/> Non-Physician (PA, PhD, Other Allied Health) | \$150 |
| <input type="checkbox"/> Residents, Fellows, and Medical Students | \$75 |
| <input type="checkbox"/> THI/BCM/CHI SL Physicians | \$200 |
| <input type="checkbox"/> THI/BCM/CHI SL Non-Physicians (Nurses, Other Allied Health) | \$100 |
| <input type="checkbox"/> THI/BCM/CHI SL Fellows / Residents | \$50 |

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.

o Visa o MasterCard o AmEx o 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 Friday, January 24, 2020. No refunds will be made after this date. A \$50 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.