

# Registration

**Membership Number** (if applicable) \_\_\_\_\_

**Registration Fees** (check appropriate category; payment must accompany registration):

Postmarked or faxed\*

by May 20, 2010 after May 20, 2010

- ACC/AHA member    \_\_\_ \$1050.00    \_\_\_ \$1150.00
- Nonmember        \_\_\_ \$1150.00    \_\_\_ \$1250.00
- Reduced Fees      \_\_\_ \$ 850.00    \_\_\_ \$ 950.00

(Please check category and see the Registration Information section for documentation which must accompany registration.)

\_\_\_ Fellow in Training \_\_\_ Resident \_\_\_ Nurse  
\_\_\_ Physician Assistant \_\_\_ Technologist \_\_\_ Emeritus ACC/AHA Member

**Payment form** (please indicate):

\_\_\_ I have enclosed my check made payable to **OHSU Continuing Medical Education** for  
\$ \_\_\_\_\_ (U.S. Currency).

\_\_\_ Please charge my Visa /MasterCard for \$ \_\_\_\_\_

Number \_\_\_\_\_ Exp. \_\_\_\_\_ Security Code \_\_\_\_\_

Name \_\_\_\_\_

(Please use one form per registrant and clearly print or type information)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Fax No. \_\_\_\_\_

Email address \_\_\_\_\_

Professional Degree:  MD    DO    PhD    RN    PA    NP    ARNP

**Practice Emphasis** (check one):

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Adult Cardiology  | <input type="checkbox"/> Pediatric Cardiology  | <input type="checkbox"/> CV Surgery |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Pharmacology          | <input type="checkbox"/> Radiology  |
| <input type="checkbox"/> Family/General    | <input type="checkbox"/> Other (specify) _____ |                                     |

**Please return form and payment to:**

CME-L602, Oregon Health & Science University, 3181 SW Sam Jackson Pk Rd, Portland, OR 97239-3098. For credit card payment you may fax form to 503-494-0392.

## Registration Information

### Fee

Payment by check or credit card must accompany your registration. There is a \$100 discount for registrations postmarked or fax stamped on or before May 20, 2010. To claim a reduced fee as an ACC/AHA member or emeritus member, please include your membership number in the space provided on the form. Physicians who are fellows or residents must provide a letter signed by their program director verifying their status.

Syllabus, continental breakfasts, breaks, lunches, and dinner cruise for the registrant are included in the registration fee. Guest tickets for the dinner cruise may be purchased on site.