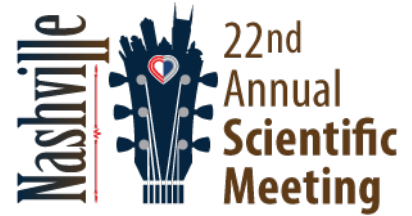


# REGISTRATION FORM

22<sup>nd</sup> Annual Scientific Meeting • September 15-18, 2018



## ATTENDEE INFORMATION (STEP 1 of 4)

Please type or print clearly. ALL information requested is required. Incomplete forms will not be processed. Payment in full must accompany registration. Only one registrant per form. Please make photocopies of this form for additional registrants.

Full name (First, Last, MI)	DOB (MM/YYYY)
Badge Nickname	
Job Title	
Primary Discipline <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> MS <input type="checkbox"/> ARNP <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> PA <input type="checkbox"/> Other: _____	
Degree/Credentials	<input type="checkbox"/> No Degree/Credentials
Institution	
Department	
Mailing Address ( <input type="checkbox"/> Home <input type="checkbox"/> Business)	
City	State/Province
Zip/Postal Code	Country
E-mail	
Business Phone	Fax Number

## PROFESSIONAL INFORMATION (STEP 2 of 4)

### Professional Education and Training

### Dates Attended

### Degree Earned

**Specialty** (Check all that apply)  Physician  Scientist/Researcher  Scientist/Researcher (non PhD)  Nurse Practitioner  
 Nurse  Pharmacist  Pharmacologist  Physician Assistant  Non-Medical

**For Physicians** NPI# \_\_\_\_\_ ABIM# \_\_\_\_\_

**For Pharmacists** NABP# \_\_\_\_\_

## ADDITIONAL INFORMATION (STEP 3 of 4)

**Preferred Method of Communication**  Email  Mail

### E-mail Release

*If you do not check boxes below you will receive future email notifications from HFSA and 3rd parties, but can unsubscribe at any time.*

- Check here if you do NOT want to receive any future HFSA updates or information on future HFSA events. You will receive notifications about this conference.
- Check here if you do NOT want your name, address, or email to appear on mailing lists shared with vendors or third parties.

### Do you require special assistance?

Our logistics team will be in contact with you prior to the show for more information and to make special arrangements if needed.

Yes  No

### Dietary Restrictions

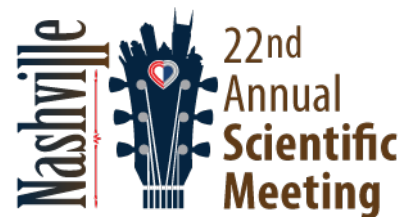
- Vegetarian  Vegan  Lactose Intolerant  Gluten Free
- Shellfish Allergies  Nut Allergies  Seafood Allergies
- Dairy Allergies  Other



HEART FAILURE SOCIETY OF AMERICA

# REGISTRATION FORM

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Category	HFSA Membership Registration Rates			Non-HFSA Membership Rate		
	Full Conference			Full Conference		
	Mar 1 to Jul 31	Aug 1 to Sep 18	One-Day Registration	Mar 1 to Jul 31	Aug 1 to Sep 8	One-Day Registration
MD, DO	\$ 699	\$ 799	\$ 425	\$ 999	\$ 1,099	\$ 550
PhD	\$ 550	\$ 650	\$ 375	\$ 750	\$ 850	\$ 500
Nurse/Nurse Practitioner	\$ 399	\$ 499	\$ 300	\$ 599	\$ 799	\$ 425
Pharmacist	\$ 399	\$ 499	\$ 300	\$ 599	\$ 799	\$ 425
Health Professional*	\$ 399	\$ 499	\$ 300	\$ 599	\$ 799	\$ 425
Non-Health Professional	\$ 399	\$ 499	\$ 300	\$ 599	\$ 799	\$ 425
FDA/NIH	\$ 325	\$ 425	\$ 275	\$ 525	\$ 625	\$ 350
Trainee/Resident**	\$ 200	\$ 300	\$ 190	\$ 275	\$ 400	\$ 250

\* Dietitian, EMS, nutritionist, OT, PA, PT, policy analyst, physiotherapist, technician/research technician, social worker

\*\* Student, fellow, post-doc (full-time status only, signed verification letter from program director required).

## REGISTRATION & PAYMENT INFORMATION (STEP 4 of 4)

Note: Advanced Non-Member Registration Fees include 2018 membership dues and a subscription to the *Journal of Cardiac Failure*

### Registration Type:

- Member/Non-Member (Check One)  HFSA Member  Non-HFSA Member
- Registration Type (Check One)  Full Conference  One-Day Registration: \_\_\_\_\_
- Category (Check One)  MD/DO  Nurse/Nurse Practitioner  Pharmacist  
 Health Professional/Non-Health Professional  FDA/NIH  Trainee/Resident

Amount: \_\_\_\_\_

### Form of Payment:

- Check/Money Order  
*Check or money order (in US dollars and from US banks only) payable to Heart Failure Society of America (HFSA)*
- Visa  MasterCard  American Express

Account Number: \_\_\_\_\_ Expiration Date (mm/yyyy): \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

### Send Completed Membership Form and payment to:

Mail: Heart Failure Society of America (HFSA) c/o Experient Inc.  
 5202 Presidents Ct., Suite G100  
 Frederick, MD, 21703

Fax: +1-301-798-7794

**Cancellations/Refunds: All registration cancellation and refund requests must be made in writing by August 3, 2018. A refund of all fees, minus \$80 administration fee, will be given for cancellations received by that date. No refunds will be granted for requests postmarked after August 3, 2018. Substitutions are gladly accepted! A transfer of your full registration to another individual is permitted prior to the conference by submitting written request to info@hfsa.org. All transfers, including onsite transfers, must be accompanied by proof of the original confirmation letter. The individual submitting the transfer request is responsible for all financial obligations (any balance due based on member/non-member pricing, etc.) associated with that substitution. Funds from the program may not be transferred to another program.**



HEART FAILURE SOCIETY OF AMERICA

HEART FAILURE SOCIETY OF AMERICA • 2111 CORPORATE BLVD., SUITE 270, ROCKVILLE, MD 20850

T (301) 312-8635 • WWW.HFSA.ORG