

# REGISTRATION FORM

18TH ANNUAL  
SAN DIEGO HEART FAILURE SYMPOSIUM FOR  
PRIMARY CARE AND INTERNAL MEDICINE  
PHYSICIANS

NEW STRATEGIES FOR DETECTION, PREVENTION AND  
TREATMENT OF HEART FAILURE

Saturday, January 19 & 20, 2018

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Title \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Professional Specialty \_\_\_\_\_

Special Needs for Disabled \_\_\_\_\_

RSVP REQUIRED FOR THESE EVENTS (*included with registration*)

Friday (*PLEASE ENROLL EARLY, SPACE IS VERY LIMITED*)

Friday Sessions I&II - 1:10pm-5:35pm (*CME Available*)

Saturday

Optional Breakfast Session - 7:10am-8:10am (*non-CME*)

Optional Lunch Session - 12:30pm-1:30pm (*non-CME*)

**Registration Fees:**

\$130 Early Bird Physician Registration – *on or before December 19, 2017*

\$165 Physician Registration – *after December 19, 2017 and on-site*

\$100 Early Bird Nurse Registration – *on or before December 19, 2017*

\$130 Nurse Registration – *after December 19, 2017 and on-site*

**CREDIT CARD PAYMENT** - Visa, Mastercard, Discover or Am Ex ONLY

Name of Registrant \_\_\_\_\_

Card Number \_\_\_\_\_

Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Amount \$ \_\_\_\_\_

Signature \_\_\_\_\_

Please do not send credit card information by fax.

**CHECK OR MONEY ORDER PAYMENT** (in US dollars)

Make payable to:

UC Regents

Send or Fax to:

Complete Conference Management

3320 Third Avenue, Suite C

San Diego, CA 92103

Fax: 619-299-6675