

**26th Annual  
San Diego Heart Failure Symposium**

**September 26, 2020**

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

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

Title \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

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

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

**REGISTRATION FEES**

**Physician** \$99

**Nurse & Allied Health Care** \$59

**Students with Student ID\*** \$49

*\*with letter from Department Supervisor*

**CREDIT CARD PAYMENT** (Visa, Mastercard, Am Ex or Discover)

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

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

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

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

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

Signature \_\_\_\_\_

**Register Online: [ccmmeetings.com](http://ccmmeetings.com)**

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