

# Registration Form

2005-1632

## The Eighth Annual Toronto International Heart Failure Summit: From Pathophysiology to Clinical Practice —2005

Membership Number (if applicable)

Last Name (Please print clearly)

MD     DO     PhD     RN     Other (specify) \_\_\_\_\_

First Name

Middle Initial

Address

City

State

Zip

(\_\_\_\_\_) / \_\_\_\_\_

Office telephone

Fax

E-mail

What is your primary medical specialty? (Check ONE)

- Adult Cardiology     Pediatric Cardiology     CV Surgery  
 Internal Medicine     Pharmacology     Radiology  
 Family/General     Other (specify) \_\_\_\_\_

Registration Deadline: **May 20, 2005**

Please register me for:

- ACC Member - \$570  
 ACC Member CCA - \$415  
 Nonmember - \$645  
 Reduced Fee \* - \$415

*After May 20, add \$100 to registration fee*

- *Registrants in the reduced fees category are required to submit with the registration form proof of licensure, a business card, or a letter written on official letterhead and signed by a department supervisor, verifying status.*

**International registrants are urged to FAX applications to ACC.**

**Special Dietary Requirements:** (Advance notification required.)

- Fruit     Kosher     Vegetarian

Payment must accompany application.

- Check payable to American College of Cardiology Foundation in U.S. dollars drawn on a U.S. bank.  
 MasterCard     VISA     American Express     Discover

Cardholder's Name

Card Number

Expiration Date

- If you need disability accommodations, please check here and advise us of your needs at least two weeks before the program.

Please use ONE of these methods to register: (Do not mail if previously faxed or telephoned)

- Mail application and payment to: American College of Cardiology Foundation, Attn: Resource Center, P.O. Box 79231, Baltimore, MD 21279-0231  
 Telephone: 800-253-4636, ext. 694 (Outside the United States and Canada, 301-897-5400, ext. 694)  
 FAX applications: 301-897-9745 – Attn: Resource Center