

Code \_\_\_\_\_

SCIENTIFIC SESSIONS 2009

Exhibits: November 15-17
Sessions: November 14-18
Orlando, Florida
scientificsessions.org

Return by Fax to: (508) 759-4552
Return by Mail to: Convention Data Services
Scientific Sessions Conference 2009
107 Waterhouse Road
Bourne, MA 02532
Customer Service: (508) 743-8517; (800) 748-3583

Cancellation Policy: CDS must receive written notice by Oct. 16. All cancellations will be charged a \$50 processing fee. No refunds will be issued until 7-15 days post event.

Section 1: Name & Address

Prefix First MI Last Suffix
Nickname for badge Hospital/Institution
This is a University/Teaching Facility Community Facility
Street address This is a Business Home
Zip/Postal Code City State/Province Country
Phone Fax
E-mail (mandatory)
Remove my name from Scientific Sessions mailing lists rented from AHA. Do not send me Scientific Sessions-related e-mails.

Section 2: Guest Information

Prefix First MI Last Suffix
E-mail (mandatory)
Guest Badges allow access to Exhibit Hall Only (Nov. 15-17). Guest must be a family member or a spouse, not in an industry-related position.
K Guest Badge On or before Oct. 16 (\$70) After Oct. 16 (\$80)

Section 3: Badge Classification

Your registration will not be processed if Primary and Secondary Classification is not completed.

PRIMARY CLASSIFICATION

- A Physician
B Research Scientist
C Physician Assistant
D Pharmacist

- E CPHQ
F Respiratory Therapist
G Physical Therapist
H Occupational Therapist

- I Registered Dietitian
J Other Healthcare Professional
K Non Healthcare Professional
L Administrator

- M Nurse
N Nurse Practitioner
O EMT/Paramedic
P Technician/Technologist

SECONDARY CLASSIFICATION

- A Student/Trainee
B Early Career
C Other

Section 4: Conference Registration

Scientific Sessions and the Resuscitation Science Symposium may be selected in combination or individually.

Table with columns for Scientific Sessions Nov. 14-18 and Resuscitation Science Symposium Nov. 14-15. Rows list member levels (AA-J) and prices for 'On or before Oct. 16' and 'After Oct. 16'.

1 Day Only - Does not include Resuscitation Science Symposium

Table for 1 Day Only registration with columns for On or before Oct. 16, After Oct. 16, and days Sat 11/14, Sun 11/15, Mon 11/16, Tues 11/17, Wed 11/18.

Table for Scientific Sessions and Resuscitation Science Symposium registration with columns for \$ amounts.

Section 5: Council Event Registration

Table for Council Event Registration with columns for On or before Oct. 16, After Oct. 16, and event descriptions like Saturday, Nov. 14 Clinical Cardiology Dinner (7:00).

Section 6: Ethnicity

Completion of this section is voluntary. The information provided will not be used for any purpose other than to provide AHA with statistical information about the level of participation by women and minorities.

Section 7: Profile

Your registration will not be processed if this section is not completed.

List Percent of Time Spent (Administration, Patient Care, Research, Teaching, In Training, Other) and Check Major Specialty (Cardiology: Prevention, Interventional Radiology, Microbiology, etc.).

Section 8: Payment & Authorization

Please mark payment method. Credit cards will be charged immediately.

If the AHA membership data conflicts with the information indicated on this form, we will automatically adjust your registration and you will be charged accordingly.

Section 2 Total: \$
Section 4 Total: \$
Section 5 Total: \$
Service Charge: \$10 (Required)
Grand Total: \$
Check drawn on U.S. bank in U.S. dollars payable to American Heart Association
Discover Card American Express MasterCard VISA Diner's Club
Card number Exp. date
Name as it appears on card Cardholder Signature

Check here if you require special assistance to fully participate in the meetings.
Yes; attached is a written description of requirements.