

ISMICS 2009 Meeting Registration Form

REGISTER ONLINE at www.ISMICS.org

ATTENDEE INFORMATION *(please print)*

Name	Hospital/Affiliation	
Address	City	
State/Province	Country	Postal Code
Phone	Fax	
Email Address <i>(required for confirmation)</i>		

REGISTRATION FEES

All Fees Quoted & Payable In USD

COMPLETE PROGRAM POSTGRADUATE COURSES & ANNUAL MEETING	EARLY BIRD <i>Thru 10 April 2009</i>	REGULAR <i>Beginning 11 April 2009</i>	ONSITE <i>From 22 May 2009</i>	Amount
Member*	\$795	\$995	\$1095	_____
Non-Member Physician	\$1095	\$1295	\$1395	_____
Allied Health Professional	\$495	\$595	\$595	_____
Resident**	\$395	\$395	\$395	_____
ANNUAL MEETING				
Member*	\$500	\$600	\$700	_____
Non-Member Physician	\$700	\$800	\$900	_____
Allied Health Professional	\$300	\$400	\$400	_____
Non-Exhibiting Industry	\$800	\$900	\$1000	_____
Resident**	\$150	\$150	\$150	_____
POSTGRADUATE COURSES ONLY				
All Postgraduate Courses are Wednesday 3 June.				
Postgraduate Full - Day Course – Member*	\$395	\$595	\$595	_____
Postgraduate Full - Course – Non-Member	\$595	\$795	\$795	_____
Postgraduate Half Day Course – Member* (per course)	\$195	\$395	\$395	_____
Postgraduate Half Day Course – Non-Member (per course)	\$295	\$495	\$495	_____
SPOUSE/GUEST (Wednesday/Thursday Exhibit Hall Receptions & Friday Reception - Badge will be required for admittance.)	\$100	\$100	\$100	_____

TOTAL ENCLOSED \$ _____

* Member fees will be honored for those ISMICS members in good standing with membership dues current.

** Annual Meeting fees (not including PG Courses) will be waived for presenting residents & TSRA Members (all formats including full-length, mini, video and poster).

2009 Postgraduate Courses *(Please indicate desired course)*

Full Day Postgraduate Course

Advances in Minimally Invasive Thoracic Surgery

OR

Select One Morning Half Day Postgraduate Course

Endovascular Aortic Therapies **Minimally Invasive Valve**

Select One Afternoon Half Day Postgraduate Course

Surgical Treatment of Atrial Fibrillation **Percutaneous Valvular Therapies**

PAYMENT

Credit cards are preferred. ISMICS accepts American Express, MasterCard or Visa. Registration fees may also be paid via check/money orders drawn on US banks only, payable in US dollars to ISMICS. **Registration Deadline: 22 May 2009**



Name (As it appears on Card) _____

Security Code: _____ (See card images Above) Where is your Card Security Code? Your credit card's security code is a 3- or 4- digit number located on the front or back of your credit card.

CREDIT CARD NUMBER: _____ **EXPIRATION DATE:** ____ / ____

BILLING ADDRESS _____

(If not the same as address listed above)

SIGNATURE: _____ I authorize ISMICS to charge my credit card the above fees.

FAX THIS FORM: 1-978-524-0498. If paying by check or money order, please **MAIL THIS FORM:**
ISMICS, Annual Scientific Meeting, 900 Cummings Center, Suite 221-U, Beverly, MA 01915 USA.

CANCELLATIONS

All requests for cancellations must be in writing and received at the ISMICS Administrative Offices on or before 22 May 2009. The registration fee, less a \$50 processing fee, will be refunded after the meeting. No refunds are available for partial attendance. No refunds will be issued for cancellations received after 22 May 2009.