

ONSITE ISMICS 2010 Meeting Registration Form

ATTENDEE INFORMATION *(please print)*

Name	Hospital/Affiliation	
Address	City	
State/Province	Country	Postal Code
Phone	Fax	

Email Address *(required for confirmation)*

REGISTRATION FEES All Fees Quoted & Payable In USD

COMPLETE PROGRAM POSTGRADUATE DAY & ANNUAL MEETING	ONSITE	Amount
Member*	\$1195	
Non-Member Physician	\$1495	
Allied Health Professional	\$695	
Presenting Resident **	\$495	
Non Presenting Resident	\$595	
ANNUAL MEETING ONLY- CARDIAC AND THORACIC TRACKS (select track below)		
Member*	\$895	
Non-Member Physician	\$1095	
Allied Health Professional	\$495	
Presenting Resident **	\$295	
Non Presenting Resident	\$395	
Guest***	\$150	
Non-Exhibiting Industry	\$1200	
POSTGRADUATE DAY ONLY Postgraduate Day is Wednesday 16 June		
Postgraduate Day- Member*	\$795	
Postgraduate Day - Non-Member	\$895	
Postgraduate Day - Allied Health	\$395	
Postgraduate Day - Resident	\$395	

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) is reduced for presenting residents & TSRA Members (all formats including full-length, mini, video and poster).
 *** Guest Badge- Wednesday/Thursday Exhibit Hall Receptions & Friday Reception - Badge will be required for admittance

Please Select One **ANNUAL MEETING EDUCATIONAL TRACK** **CARDIAC** or **THORACIC**

2010 POSTGRADUATE COURSE SELECTIONS

Thoracic Endovascular Aortic Repair (TEVAR)
or

One Morning Postgraduate Course

One Afternoon Postgraduate Course

Imaging and Surgical Guidance **Minimally Invasive Valve Surgery**

Atrial Fibrillation **Transcatheter Valve**

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.



Name (As it appears on Card) _____ **Security Code:** _____ (See card images above)

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.