

ISMICS 2010 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 DAY & ANNUAL MEETING	EARLY BIRD <i>Thru 9 April 2010</i>	REGULAR <i>Beginning 10 April 2010</i>	ONSITE <i>From 21 May 2010</i>	Amount
Member*	\$895	\$1095	\$1195	_____
Non-Member Physician	\$1195	\$1395	\$1495	_____
Allied Health Professional	\$595	\$695	\$695	_____
Presenting Resident **	\$395	\$495	\$495	_____
Non Presenting Resident	\$495	\$595	\$595	_____
ANNUAL MEETING ONLY- CARDIAC AND THORACIC TRACKS (select track below)				
Member*	\$595	\$795	\$895	_____
Non-Member Physician	\$795	\$995	\$1095	_____
Allied Health Professional	\$395	\$495	\$400	_____
Presenting Resident **	\$195	\$295	\$295	_____
Non Presenting Resident	\$295	\$395	\$395	_____
Guest***	\$150	\$150	\$150	_____
Non-Exhibiting Industry	\$1100	\$1200	\$1200	_____
POSTGRADUATE DAY ONLY Postgraduate Day is Wednesday 16 June				
Postgraduate Day- Member*	\$495	\$695	\$795	_____
Postgraduate Day - Non-Member	\$595	\$795	\$895	_____
Postgraduate Day - Allied Health	\$295	\$395	\$395	_____
Postgraduate Day - Resident	\$295	\$395	\$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 Percutaneous 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, payable in US dollars to ISMICS. **Registration Deadline: 21 May 2010**



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.

FAX THIS FORM: 1-978-524-0461. 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 21 May 2010. 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 21 May 2010.