

FRONTIERS OF CARDIOLOGY · JANUARY 5-8, 2005

REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip code _____

Phone (_____) _____ - _____ Fax (_____) _____ - _____

Specialty _____

M.D. Ph.D. D.O. R.N. Other _____

First name to appear on badge _____

Name of spouse or guest _____

Registration Fees

_____ \$150 physicians and scientists

_____ \$100 nurses and allied health professionals

_____ No fee for students (with verification letter)

Method of Payment

_____ Check enclosed (make check payable to Kelsey Research Foundation)

_____ Charge credit card Visa Mastercard American Express

Credit card number _____ - _____ - _____ - _____

Name on card _____

Expiration date ____ / ____ / ____

Signature _____

Cancellation Policy

All cancellations must be received in writing on or before Dec. 20, 2004. No refunds will be made for those who do not attend.

Special Assistance

In compliance with the Americans With Disabilities Act, all reasonable efforts to accommodate persons with disabilities at this meeting will be made. Please call 713-442-1214 if you require special assistance to participate.

Fax registration form only if payment is made by credit card.

Or, mail registration form and check payable to:

Kelsey Research Foundation
7800 Fannin, Suite 209
Houston, Texas 77054
E-mail: pasheldon@kelsey-seybold.com

Phone: 713-442-1214

Fax: 713-442-1229