

# FRONTIERS OF CARDIOLOGY · JANUARY 3-6, 2007

## 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. 23, 2006. 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 713-442-1219 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**  
5615 Kirby, Suite 660  
Houston, Texas 77005  
E-mail: [michelle.norton@kelsey-seybold.com](mailto:michelle.norton@kelsey-seybold.com)

**Phone: 713-442-1219**

**Fax: 713-442-1228**