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14th Annual Scientific Meeting: September 12-15, 2010
San Diego Convention Center, San Diego, CA
Register Online: www.hfsa.org (Annual Scientific Meeting)

Participant: Please type or print clearly. ALL information requested is required. **Incomplete forms will not be processed.** Payment in full must accompany registration. Only one registrant per form. Please make photocopies of this form for additional registrants.

name (last, first, middle initial): _____ degree: _____

institution: _____

address: _____

city: _____ state / province: _____ zip / postal code: _____ country: _____

email address:* _____ phone: _____ fax: _____

**Please enter e-mail address carefully. It will be used for verification of attendance and access to credit certificates.*

Registration Fees: To take advantage of the membership rate for the 14th Annual Scientific Meeting individuals must have paid 2010 dues by June 15, 2010. See HFSA web site (www.hfsa.org) for 2010 Membership Application.

Members:	advance	after 7/23/10	code	Amount
<input type="checkbox"/> MD, DO	\$460	\$570	FM	\$
<input type="checkbox"/> Industry Professional	\$460	\$570	FI	\$
<input type="checkbox"/> PhD	\$395	\$495	FP	\$
<input type="checkbox"/> Nurse/Nurse Practitioner	\$235	\$335	FN	\$
<input type="checkbox"/> Health Professional**	\$235	\$335	FH	\$
<input type="checkbox"/> Pharmacist	\$235	\$335	PH	\$
<input type="checkbox"/> FDA/NIH	\$195	\$225	FG	\$
<input type="checkbox"/> Trainee/Resident*	\$125	\$195	FT	\$
Nonmembers:	advance	after 7/23/10	code	Amount
<input type="checkbox"/> MD, DO	\$675	\$785	FM	\$
<input type="checkbox"/> Industry Professional	\$675	\$785	FI	\$
<input type="checkbox"/> PhD	\$610	\$710	FP	\$
<input type="checkbox"/> Nurse/Nurse Practitioner	\$355	\$455	FN	\$
<input type="checkbox"/> Health Professional**	\$355	\$455	FH	\$
<input type="checkbox"/> Pharmacist	\$355	\$455	PH	\$
<input type="checkbox"/> FDA/NIH	\$195	\$225	FG	\$
<input type="checkbox"/> Trainee/Resident*	\$190	\$260	FT	\$

* student, fellow, post-doc (full-time status only, signed verification letter from program director required)
** dietitian, EMS, nutritionist, OT, PA, PT, policy analyst, physiotherapist, technician/research technician, social worker

Registration Profile:

Registration form will not be accepted without this section completed.

Check the category that best describes your profession:

- Adult Cardiologist
- Pediatric Cardiologist
- CV Surgeon
- ED Physician
- Family/General Practitioner
- Internist
- Hospitalist
- Physician, Other
- Scientist – PhD
- Scientist (non-PhD)
- Pharmacist
- Pharmacologist
- Technician/Research Technician
- Nurse/ Nurse Practitioner
- Physician Assistant
- Non-Medical
- Other Health Professional

Work Environment: (Check One)

- Academic Institution
- Clinic
- Government
- Hospital
- Industry
- Private Practice
- Other Healthcare Organization

Payment:

Credit card: If paying by credit card you must register on line. Registration may be paid by American Express, Visa or Mastercard.

Checks/Money Orders: Complete the application and send with check or money order (in US dollars and from US banks only) payable to: Heart Failure Society of America (HFSA), Court International, Suite 240 South, 2550 University Avenue West, St.Paul, MN 55114.

Refunds: If notice of cancellation is received in writing prior to Friday, August 9, 2010, registration fee will be refunded less a \$75 administrative charge. Registration cannot be transferred. No refunds will be granted after August 9, 2010.