

# UW Full Spectrum of Heart Failure Therapy REGISTRATION

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

DO  MD  NP  PA  PhD  RN  PharmD  None  Other: \_\_\_\_\_

Preferred Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Medical Center/Hospital/Institution: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail (required for confirmation and certificate information): \_\_\_\_\_

Pursuant to the Americans with Disabilities Act, please specify any special services you require: \_\_\_\_\_

State(s) of Professional Licensure: \_\_\_\_\_

License Number: \_\_\_\_\_ (As continuing education providers, it is important to our recordkeeping process to maintain information relating to our learners' licensure. To that end, providing your professional license number is optional, but of importance to continuing education efforts.)

REGISTRATION FEES	Early Bird Until September 18	Regular From September 19
Physician	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450
Fellow/Resident	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
Allied Health Professional	<input type="checkbox"/> \$280	<input type="checkbox"/> \$380
Industry/Non-Clinical	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500

## SPECIALTY/REGISTRATION TYPE (Please select only one)

PHYSICIAN	FELLOW/RESIDENT	ALLIED HEALTH PROFESSIONAL	INDUSTRY/NON-CLINICAL
<input type="checkbox"/> Cardiologist <input type="checkbox"/> Intensivist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cardiologist <input type="checkbox"/> Intensivist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other: _____	<input type="checkbox"/> Administrative Support Staff <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Other: _____	<input type="checkbox"/> Administration <input type="checkbox"/> Engineer <input type="checkbox"/> Industry Professional <input type="checkbox"/> Sales <input type="checkbox"/> Other: _____

## DEMOGRAPHIC INFORMATION

What contributed most to your decision to register?	Age Group (Optional)
<input type="checkbox"/> Online Search/Conference Website <input type="checkbox"/> Personal Recommendation/Invitation <input type="checkbox"/> Email Advertisement	<input type="checkbox"/> Under 30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 41-50
<input type="checkbox"/> Mailed Postcard/Brochure <input type="checkbox"/> Online Advertisement <input type="checkbox"/> Other: _____	<input type="checkbox"/> 51-60 <input type="checkbox"/> 61 and over

Have you attended UW Full Spectrum of Heart Failure Therapy in the past?  Yes  No

May we use your email address for symposia-related communications and communications from symposia affiliates?

Yes  No

For more information about how Complete Conference Management uses your email and other personal data, please review the Complete Conference Management [Privacy Policy](#).

I acknowledge that I have reviewed the [Privacy Policy](#).

Cancellation requests received in writing by Friday, September 20, 2019 will be refunded, less a \$50 administrative fee. Requests received after Friday, September 20, 2019, will not be refunded.

## PAYMENT INFORMATION

Mail completed registration form and check payable to: Complete Conference Management, 8333 NW 53<sup>rd</sup> Street, Suite 450, Doral, FL 33166

Checks must be received by Friday, September 20, 2019. Alternatively, register online at <http://uwheartfailure.org>



This educational activity provides training necessary for licensed attendees to maintain state licensing requirements. The tuition for this educational activity is subsidized in part by unrestricted educational grants, including for those attendees who have successfully completed the state licensing requirements for their respective fields. This subsidy is reflected in the registration fees for this activity.