

# REGISTRATION FORM

## How to Become a Cardiovascular Investigator – Heart House, Washington DC

December 4 - 5, 2009

Please use **ONE of these methods** to register; (do not mail if previously faxed or telephoned)

1. **Mail** completed form and payment to: American College of Cardiology Foundation; Attn: Marilyn Stewart, Resource Center; 2400 N Street NW, Washington, DC 20037
2. **Fax** the registration form to: (202) 375-7000 Attn: Marilyn Stewart
3. **Call** (800) 253-4636, ext 5603

Membership Number (If applicable)

Training Program and Training Director

Last Name (Please print clearly)

First Name

Middle Initial

Street Address

City

State

Zip

Office Phone

Office Fax

Practice Administrator's Name

Phone

E-mail address (**IMPORTANT:** program information will be sent electronically)

What is your primary medical specialty: (Check one)

Adult Cardiology  CV Surgery  Family/General  Internal Medicine  IV Cardiology  Ped. Cardiology  Radiology  Other \_\_\_\_\_

Year of Fellowship (circle one)

1

2

3

3+

Jr. Faculty

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### Workshop Sign-up

Please register for **two (2)** of the workshops listed below.

- Session A: How to Write a Grant - *Dr. Balke*
- Session B: How to Choose a Research Project and Write a Paper - *Dr. Fuster*
- Session C: How to Find a Job - *Dr. Bonow*

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**Cancellation Policy:** There is no fee for this program, however you are asked to give a credit card number which will be used to charge \$100.00 **only if cancellations are not received by Wednesday, November 4, 2009.**

In the unlikely event that the program is cancelled, the College is not responsible for any travel or hotel costs you may incur.

MasterCard

VISA

American Express

Discover

Cardholder's Name (Please print clearly)

Signature

Card Number

Expiration Date

Security Code

**Special Needs** (Please advise us of your needs)

**Special Dietary Requirements:** (Advance notification required)

Vegetarian

Kosher