REGISTRATION

10th Annual Women and Ischemic Heart Disease Symposium

Friday, May 13, 2016

Harvey Morse Conference Center, Cedars-Sinai Medical Center, Los Angeles

Ways to register:

- Online registration: www.csmc.edu/cme and click on CME Courses
- Mail form to: Cedars-Sinai Medical Center,
 Office of Continuing Medical Education; Attn: Registration
 8797 Beverly Boulevard, Suite #250, Los Angeles, CA 90048
- Fax form to: (310) 423-8596

| Please Print Clearly | | | | |
|--|------------------------------|------------------------------|--|--------------------|
| Last Name | First Name | | | |
| Degree: | Specialty: | | | |
| Address | | | | |
| City | | | State Zip | |
| Phone | Fax | | | |
| *Email_ *An email address is <u>required</u> | to register for the confe | rence | | |
| Registration Fees: | | | | |
| | Physician | Allied Health | *Resident/Fellow | |
| Received <u>by</u> 04/29/16 | □ \$185 | □ \$145 | □ \$25 | |
| Received after 04/29/16 | □ \$235 | □ \$185 | | |
| *Resident/Fellow will need to provide Please Charge My: Uisa | | | rullector's email address. | |
| Credit Card No. | | | CCV Security Code | Exp. Date |
| (Please Print) Name on Card | | | Authorized Signature | |
| ☐ Check enclosed payable to C | CSMC for \$ | | | |
| | | | ninistrative charge. No refunds will beceive confirmation of your cancella | |
| We encourage participation serve you. | on by all individuals. If yo | u have a disability, advance | notification of any special needs w | ill help us better |
| | naterial Cedars-Sina | | et search (Google, Yahoo, etc) s-Sinai Communication Other: | |