

NEW CARDIOVASCULAR HORIZONS

AND MANAGEMENT OF THE DIABETIC FOOT & WOUND HEALING

2007 CONFERENCE REGISTRATION

Name <i>(as it should appear on your badge)</i>	Title/Degree	Position <i>(if applicable)</i>
Specialty <i>(required for MDs)</i>		Affiliation/Institution
Street Address	City	State/Prov. Zip Code
Phone <i>(include extension if needed)</i>	Fax	E-Mail <i>(required for registration confirmation)</i>

* Please visit our website at www.newcvhorizons.com for discount codes.

REGISTRATION FEES (For entire four-day conference)

Session Registration, CMEs/CNEs, jazz cocktail exhibitor reception, Mardi Gras style parade, four breakfasts, four luncheons and eight refreshment breaks.

	BEFORE JULY 25	BEFORE AUG. 15	FULL PRICE
Cardiologists/Interventional Radiologists/Surgeons	<input type="checkbox"/> \$1045	<input type="checkbox"/> \$1095	<input type="checkbox"/> \$1195
Internists/FPs/DOs/DPMs	<input type="checkbox"/> \$645	<input type="checkbox"/> \$695	<input type="checkbox"/> \$795
PAs/RNs/NPs/RTs/PTs	<input type="checkbox"/> \$445	<input type="checkbox"/> \$495	<input type="checkbox"/> \$595
Cath Lab Nurses & Techs/PTs/Allied Health Professionals	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350
Industry	<input type="checkbox"/> \$1145	<input type="checkbox"/> \$1195	<input type="checkbox"/> \$1295

One Day Rate ___ Wed. ___ Thurs. ___ Fri. ___ Sat. \$150
 (Includes educational sessions only. Tickets to social events may be purchased separately.)

Other: _____ Price: _____

Residents or Students (Receive half price of your field of study. Verification of active status from the program director is required).

Companion/Guest Fees

Jazz Cocktail Exhibitor Reception/Rockin' Dopsie Jr. & The Zydeco Twisters (only) \$75

Companion (Jazz Cocktail Exhibitor Reception, all conference meals & access to exhibits) \$225

Guest Name: _____

Refund Policy

Cancellations made in writing and postmarked by July 26 will receive a refund less a \$125 administrative fee • Cancellations must be made in writing and postmarked by August 16 to receive a 50% refund • No refunds after August 16, 2007 • No refunds for "no-shows"

Payment Method

I am registering as a _____. Registration Amount \$ _____ Discount (if applicable) \$ _____
 Total \$ _____

Enclosed is a check in the amount of \$ _____ (Please make checks payable to Cardiovascular Institute of the South)

Charge my credit card the amount of \$ _____ Visa MasterCard American Express

Card# _____ CVS # _____ Expiration Date _____ / _____

Card Holder's Name _____ Signature _____

TO REGISTER

MAIL TO: New Cardiovascular Horizons • c/o Exposoft Solutions Corp. – 2825 East Cottonwood Pkwy., Ste. 500 – Salt Lake City, UT 84121 USA

FAX TO: 888-745-8757 • **EMAIL TO:** info@newcvhorizonsregistration.com • **QUESTIONS, CALL:** 866-812-3796

CONFERENCE HEADQUARTERS

Web: www.newcvhorizons.com • Tel: 337-261-0944 • Fax: 337-572-9778 • Email: conference@newcvhorizons.com

CONFERENCE HOTEL

Sheraton New Orleans Hotel • BOOK ONLINE AT: www.newcvhorizons.com/registration

500 Canal Street • New Orleans, LA 70130 • Reservations: 888-627-7033 • Tel: 504-525-2500 • Fax: 504-595-5552

New Cardiovascular Horizons room rate: standard single or double \$129

To secure the conference rate, please make your room reservation before August 5, 2007 and refer to New Cardiovascular Horizons.