



ANNUAL MEETING 2019

11-13 April 2019
 Melia Hotel
 Sitges (Barcelona), Spain

ATTENDEE INFORMATION *Please Print*

Name	Hospital/Affiliation	
Address	City	
State/Province	Country	Postal Code
Phone	Fax	
Email Address <i>(required for confirmation)</i>		




REGISTRATION FEES



All Fees Quoted & Payable in USD

PARTICIPANT TYPE	EARLY BIRD <i>Thru March 4</i>	REGULAR <i>Beginning March 5</i>	ONSITE <i>Beginning April 11</i>	Amount
HVS Member Physician & PhD	\$600	\$700	\$800	
Non-Member Physician & PhD	\$800	\$900	\$1000	
Allied Health / PAs / Nurse Practitioners	\$400	\$450	\$500	
Student, Resident & Fellows*	\$335*	\$365*	\$390*	
Non-Exhibiting Industry	\$1200	\$1350	\$1500	
			TOTAL ENCLOSED	
* Must Provide Letter from Chief of Service or Professor				

PRIMARY SPECIALTY: (Check one):

Cardiac Surgeon Cardiologist Interventional Cardiologist Research Scientist Other

Name (As it appears on Card) _____ **Security Code:** _____
 (See card images above) **CREDIT CARD NUMBER:** _____
EXPIRATION DATE: ____ / ____
BILLING ADDRESS _____
 (If not the same as address listed above)
SIGNATURE: _____

I authorize HVS to charge my credit card the above fees.

BECOME A MEMBER of the HEART VALVE SOCIETY at www.HeartValveSociety.org

FAX THIS FORM: 1-978-524-0461. If paying by check or money order, please **MAIL THIS FORM:**
 HVS, Meeting, 500 Cummings Center, Suite 4400, Beverly, MA 01915 USA.

CANCELLATIONS

All requests for cancellations must be in writing and received at the HVS Administrative Offices on or before February 25, 2019. The registration fee, less a \$50 processing fee, will be refunded after the meeting. No refunds are available for partial attendance. No refunds will be issued for cancellations received after February 25, 2019.