

Each attendee is required to have a completed registration form. Information entered into this form will be used to create your name badge.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Referred by (AAHFN Member): _____

Telephone: _____ Fax: _____

E-mail: _____

Credentials: _____ License Number: _____

Is this your first AAHFN Annual Meeting? Yes No

Do you have prescriptive privileges? Yes No

*CERTIFICATIONS: Please check all that apply

- ACNP ANP APN CCNS CCRN CEN
 CNS FNP PHN RN N/A

I hold the following degrees: Please check all that apply

- Associate BA BS BSN Diploma DNP
 DNS JD Master MD MPH MBA
 MS MSN ND PhD

I work in a: Please select one of the following

- Heart Failure Program – Inpatient (hospital based)
 Heart Failure Program – Both Inpatient & Outpatient (hospital based)
 Heart Failure Program – Outpatient (hospital based)
 Heart Failure Program – Private Practice
 Heart Failure Program – HMO or third-party payer
 Private Practice Office – Cardiology
 Private Practice Office – Internal Medicine/Family Practice
 University

Year began practicing: _____

Year began caring for HF patients: _____

I would like to be listed in the member directory: Yes No

EMERGENCY CONTACT INFORMATION

Name: _____

Phone Number: _____

Cell Phone Number: _____

1. Pre-meeting Workshop (Wednesday, June 23, 2010):

“Heart Failure Disease Management Program”

Note: there is an additional registration fee of \$125 for this course.

- I will be attending the Pre-meeting Workshop.
 I will NOT be attending the Pre-meeting Workshop.

2. Pre-meeting Symposia (Thursday, June 24, 2010):

These events are included in the registration fee. Topics to be announced.

Please indicate your interest in attending the following Thursday

Pre-meeting Symposia sessions:

- Session I: 10:00 am - 11:30 am
 Session II: 1:00 pm - 2:00 pm
 I will not be attending

ADA COMPLIANCE

The AAHFN will use its best efforts to provide reasonable accommodations for attendees with disabilities. Please contact Meredith Weiner, mweiner@ahint.com, if you have special needs. The AAHFN cannot ensure the availability of appropriate accommodations without prior notification.

3. Opening Session and Grand Opening Reception (Thursday, June 24, 2010):

This event is included in the registration fee.

- I plan to attend
 I do not plan to attend

4. Educational Tracks (Friday & Saturday, June 25 - 26, 2010)

Please check the track that you are most likely to attend. This information is used internally to determine interest only. During the meeting, attendees may mix and match sessions.

- Track 1: Cornerstones of Heart Failure
 Track 2: Advanced Aspects of Heart Failure
 Track 3: Global Aspects of Heart Failure

REGISTRATION FORM • 2010 AAHFN ANNUAL MEETING

REGISTRATION FEES AND REQUIREMENTS:

- Pre-meeting Workshop Registration \$125
 Full Meeting Registration

	Early Bird • (On or before April 30, 2010)	Regular/On-site • (After April 30, 2010)
Member Rates	<input type="checkbox"/> \$250	<input type="checkbox"/> \$325
Non-Member Rates*		
Active	<input type="checkbox"/> \$325	<input type="checkbox"/> \$400
International	<input type="checkbox"/> \$340	<input type="checkbox"/> \$415
Associate	<input type="checkbox"/> \$305	<input type="checkbox"/> \$380
Student	<input type="checkbox"/> \$300	<input type="checkbox"/> \$375
Corporate	<input type="checkbox"/> \$390	<input type="checkbox"/> \$465
Emeritus	<input type="checkbox"/> \$315	<input type="checkbox"/> \$390
Groups**	<input type="checkbox"/> \$225	
Single Day***		
Member	<input type="checkbox"/> \$225	
Non-Member • (Does not include membership)	<input type="checkbox"/> \$250	

* Registration fees include 1 year membership and a subscription to Heart & Lung- The Journal of Acute and Critical Care. All new memberships begin in the month of registration.

I do not wish to become an AAHFN member (Annual Meeting registration fee remains as listed.)

** For groups of 3 or more attendees from the same institution. Groups of 6 will receive 1 complimentary registration. Each attendee is required to submit a completed registration form. One attendee, from the group, must download from www.aahfnannualmeeting.com a copy of the "Group Registration Cover Sheet", complete, and fax to 877-716-6404.

*** Single day rate is only applicable for one day and may not be used to register for multiple days.

SUMMARY OF FEES

Pre-meeting Workshop Fee \$ _____

Leave blank if you are not participating in the Pre-meeting Workshop.

Registration Fee \$ _____

Total Amount Due \$ _____

PAYMENT INFORMATION

Credit Card

- Visa
 MasterCard
 AMEX

Name on Card: _____

Card Number: _____

Expiration Date: _____

THREE WAYS TO REGISTER:

Register online at: www.aahfnannualmeeting.com (Credit cards only)

Fax this form with credit card information to: 877-716-6404

If paying by check mail this form with payment to:

(U.S. funds drawn on a U.S. bank only)

AAHFN Registration Manager
 15000 Commerce Parkway, Ste C
 Mt. Laurel, NJ 08054

CANCELLATIONS/REFUNDS

To cancel your registration and receive a refund, a written request must be received in the AAHFN office on or before June 7, 2010. Cancellation requests received by this date will receive a refund less a \$50 processing fee. Requests will be processed after the meeting. There will be no refunds issued for requests received after June 7, 2010. Please forward written requests to Lisa Dougherty at ldougherty@ahint.com.

AAHFN Federal ID #20-0685642