

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 Conference? 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-Conference Workshop (Wednesday, June 22, 2011):

Note: there is an additional registration fee of \$125 for each workshop.

I will be attending a Pre-Conference Workshop.
Please indicate which workshop you will be attending.

- "Heart Failure Disease Management Program"
- "MCS Workshop: Advanced Therapies in Heart Failure"

I will NOT be attending a Pre-Conference Workshop.

2. Pre-Conference Symposia:

These events are included in the registration fee.
Please indicate your interest in attending the following
Pre-Conference Symposia sessions:

- Session I: Thursday, June 23, 2011 • 1:00 pm – 2:00 pm
- Session II: Friday, June 24, 2011 • 7:00 am - 8:00 am
- Session III: Saturday, June 25, 2011 • 7:00 am – 8:00 am

I will not be attending

3. Opening Session and Grand Opening Reception

(Thursday, June 23, 2011):

This event is included in the registration fee.

- I plan to attend
- I do not plan to attend

4. Educational Tracks
(Friday, June 24, 2011 & Saturday, June 25, 2011)

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

ADA Compliance

The AAHFN will use its best efforts to provide reasonable accommodations for attendees with disabilities. Please contact AAHFN's Meeting Manager, Cheryl Gallagher, cgallagher@ahint.com, if you have special needs. The AAHFN cannot ensure the availability of appropriate accommodations without prior notification.

Registration Fees and Requirements:

- Pre-Conference Workshop Registration \$125
- Full Conference Registration

	Early Bird (On or before April 30, 2011)	Regular/On-site (After April 30, 2011)
Member Rates	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350
Non-Member Rates*		
Active	<input type="checkbox"/> \$325	<input type="checkbox"/> \$425
International	<input type="checkbox"/> \$340	<input type="checkbox"/> \$440
Associate	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400
Student	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200
Corporate	<input type="checkbox"/> \$395	<input type="checkbox"/> \$495
Groups**	<input type="checkbox"/> \$200	
Single Day***		
Member	<input type="checkbox"/> \$190	
Non-Member • (Does not include membership)	<input type="checkbox"/> \$250	

Summary of Fees

Pre-Conference Workshop Fee
 \$ _____

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

Registration Fee \$ _____

Total Amount Due \$ _____

* Registration fee includes a one (1) year membership to AAHFN and a subscription to *Heart & Lung- The Journal of Acute and Critical Care*, the official journal of AAHFN. All new memberships begin in the month of registration.

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

** For groups of three (3) or more attendees from the same institution. Groups of six (6) will receive one (1) complimentary registration. Must be a member of AAHFN to receive the group rate. Fee is per registered person.

*** Single day rate is only applicable for one (1) day and may not be used to register for multiple days.

Payment Information

Credit Card

- Visa
- MasterCard
- AMEX

Name on Card: _____
Please Print legibly

Card Number: _____

Expiration Date: _____

Signature: _____

Three Ways To Register:

Register online at:
www.aahfn2011conference.com/registration
 (Credit cards only)

If paying by check mail this form with payment to: (U.S. funds drawn on a U.S. bank only)

AAHFN Meeting 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 6, 2011. 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 6, 2011. Please forward written requests to Cheryl Gallagher at cgallagher@ahint.com.

AAHFN Federal ID #20-0685642

Fax the entire registration form with credit card information to: 856-439-0525