

Please complete the registration form below and return to:  
The CVA Medical Education Foundation  
PO Box 383083  
Birmingham, AL 35238-3083  
or submit by fax to: 877-720-1495 or register online at [cvupdate.org](http://cvupdate.org)  
Questions? Please contact us a (205) 616-5938

**Cardiovascular Update 2019 – February 23, 2019**  
**Hyatt Regency/The Wynfrey Hotel, Birmingham, AL**  
**Registration Form**

Name (please print clearly) \_\_\_\_\_

MD  DO  CRNP  RN  PA  Other \_\_\_\_\_

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Telephone \_\_\_\_\_ Email \_\_\_\_\_

What is your primary medical specialty? (check one)

Internal Medicine  Family/General  OB/GYN  Podiatry  Other \_\_\_\_\_

Please register me as: *Fee* *Fee*

Physician \$99  CRNP, RN, PA \$75

Payment must accompany registration.

Please make check payable to **The CVA Medical Education Foundation**

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**CVA** Cardiovascular  
Associates

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