

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 at (205) 616-5938

**Cardiovascular Update 2023**  
**February 18, 2023 – 7:00am – 3:40pm**  
**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	
<input type="checkbox"/> Physician	\$125	<input type="checkbox"/> CRNP, RN, PA	\$75

Payment must accompany registration.

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

MasterCard  Visa  American Express

Cardholder's Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

*Cancellation Policy: A refund minus a \$25 processing fee will be given for written cancellations received by January 27, 2023. No refund will be given after January 27, 2023 or for no-shows.*



**CVA** Cardiovascular  
Associates

THE CVA MEDICAL EDUCATION FOUNDATION