

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
Questions? Please contact us a (205) 616-5938

Cardiovascular Update 2024
February 10, 2024 | 7:00am – 3:40pm | Marriott Birmingham
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: _____

Cancelation Policy: A refund minus a \$25 processing fee will be given for written cancellations received by January 26, 2024. No refund will be given after January 26, 2024 or for no-shows.



CVA Cardiovascular
Associates

THE CVA MEDICAL EDUCATION FOUNDATION