

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
Questions? Please contact us a (205) 616-5938 or visit us online at cvupdate.org

Cardiovascular Update 2018 – February 17, 2018
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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