

DALLAS, TEXAS

February 15, 2020



Chairmen: M. Akram Khan, MD | Craig M. Walker, MD

EVOLVING PARADIGMS IN CARDIOVASCULAR CARE AND PERIPHERAL VASCULAR DISEASE

Registration Form

All fields required for registration. Please print clearly.

Name (as it should appear on your badge)		Credential (MD, RN, etc.)		Position	
Specialty		Affiliation/Institution			
Street Address		City	State	Zip Code	
E-Mail (only one email per person)		Phone (include extension)		Dietary Restrictions	

Payment Information

Payment by Check (Payable to: NCVH Foundation, a 501(c)(3) nonprofit organization. Tax ID# 46-3186713)

Payment by Credit Card: Visa MasterCard American Express Discover

Credit Card Number: _____ Exp. Date: _____ Security Code: _____

Cardholder Name: _____ Signature: _____

Register Today

Phone | 337.993.7920

Mail | NCVH Foundation

3639 Ambassador Caffery Pkwy, Suite 605
Lafayette, LA 70503

Online | ncvh.org/texas

Fax | 337.993.7922

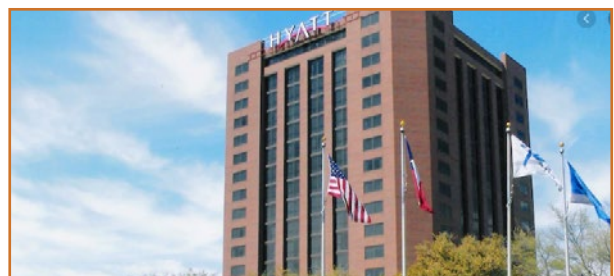
Email | registration@ncvh.org

Registration Rates

\$25 | Early Bird | 10/18 - 2/10

\$50 | Onsite | 2/15

Cash, checks, and all major credit cards accepted.



Meeting Location

Hyatt Regency North Dallas
701 E Campbell Rd
Richardson, TX 75081

Reservations: 972.619.1234 and reference "New Cardiovascular Horizons."

Special Rates available on the Accommodations and Travel page at ncvh.org/texas