

# 6th Annual Conference on Arteriosclerosis, Thrombosis and Vascular Biology

April 28–30, 2005 • Grand Hyatt Washington, Washington, DC

AHA054 5205-1-8071



Learn and Live<sup>SM</sup>

**IMPORTANT** Unless otherwise noted, all sections must be completed. Your form will not be processed if any part is incomplete or left blank.

**SECTION 1** This information is for your badge. Please print clearly.

Last/family name \_\_\_\_\_ First/given name \_\_\_\_\_ Middle initial \_\_\_\_\_  
 Hospital/institution \_\_\_\_\_ Degree \_\_\_\_\_  
 Street address \_\_\_\_\_ This is:  Business  Home  
 City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip/postal code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 (Area/country code/city code) (Area/country code/city code)  
 E-mail address \_\_\_\_\_ AHA Membership No. \_\_\_\_\_

**SECTION 2**

**Registration Fees**

**Professional AHA Members**

	On or before March 28, 2005	After March 28, 2005
A ___ Premium Professional Member	<input type="checkbox"/> US \$300	<input type="checkbox"/> US \$350
B ___ General Professional Member	<input type="checkbox"/> US \$400	<input type="checkbox"/> US \$450
C ___ Premium Emeritus Member	<input type="checkbox"/> US \$125	<input type="checkbox"/> US \$175
D ___ Early Career Member	<input type="checkbox"/> US \$300	<input type="checkbox"/> US \$350
E ___ Trainee/Fellow/Student/Technician*	<input type="checkbox"/> US \$125	<input type="checkbox"/> US \$175

**Professional Nonmembers**

F ___ Nonmember	<input type="checkbox"/> US \$400	<input type="checkbox"/> US \$450
G ___ Early Career Nonmember	<input type="checkbox"/> US \$400	<input type="checkbox"/> US \$450
H ___ Trainee/Fellow/Student/Technician Nonmember*	<input type="checkbox"/> US \$175	<input type="checkbox"/> US \$225

**ATVB Mentor of Women Award Luncheon (Friday)**

Open to all conference attendees Number of tickets needed \_\_\_\_\_  US \$ 25

**ATVB Council Dinner (Friday)**

Open to all conference attendees Number of tickets needed \_\_\_\_\_  US \$ 35

*NOTE: Tickets for luncheon and dinner are NOT included in registration fees. Please purchase separately if attending.*

Registration fee includes no-host receptions, continental breakfasts, and all refreshment breaks.

AHA Professional members must provide proof of membership. AHA membership numbers may be obtained through Lippincott Williams and Wilkins at 800-787-8984, 301-223-2307, or fax 301-223-2327. You must be a member by March 28, 2005 to qualify for the reduced fee.

\* Trainees/Fellows/Students and Technicians must provide proof of status by providing current license or certificate, student ID or a letter written on official letterhead and signed by a mentor, department head or by a department supervisor.

**SECTION 3**

ATVB conference attendees may also attend the 45th Annual Conference on Cardiovascular Disease, Epidemiology and Prevention at a discounted rate. The conference will be April 30–May 2, 2005 at the Grand Hyatt Hotel.

**Registration Fees**

	On or before March 28, 2005	After March 28, 2005
I ___ Professionals	<input type="checkbox"/> US \$175	<input type="checkbox"/> US \$225
J ___ Trainee/Fellow/Technician*	<input type="checkbox"/> US \$ 75	<input type="checkbox"/> US \$125
K ___ Emeritus	<input type="checkbox"/> US \$ 75	<input type="checkbox"/> US \$125

Sunday May 1 — The Conference will host a Buffet Dinner. Registered attendees may attend at not cost but a ticket is required:

Will you attend this complimentary event?  Yes  No

Additional Tickets \_\_\_\_\_ Number of tickets needed  US \$35 each

**SECTION 4** Check to determine the appropriate classification:

- |                                  |                                    |
|----------------------------------|------------------------------------|
| A ___ MD                         | L ___ Early Career (MD)            |
| B ___ MD/PhD, MD/ScD             | M ___ Early Career (PhD)           |
| C ___ DO                         | N ___ Early Career (NOT MD or PhD) |
| D ___ DO/PhD, DO/ScD             | O ___ RN                           |
| E ___ PhD                        | P ___ RN/PhD, DNS, DNSc            |
| F ___ ScD                        | Q ___ RN/MSN, MS, MN, NP           |
| G ___ DVM                        | R ___ Trainee (MD)                 |
| H ___ DVM/PhD, DVM/ScD           | S ___ Trainee (PhD)                |
| I ___ PA                         | T ___ Student                      |
| J ___ PharmD, RPh, RPh/PhD       | U ___ EMT/Paramedic                |
| K ___ Allied Health Professional | V ___ Technician                   |
|                                  | W ___ Nonmedical (Specify) _____   |

**SECTION 5** Check major specialty:

- |   |                              |
|---|------------------------------|
| A ___ Administration                    | L ___ Hematology             |
| B ___ Anesthesiology                    | M ___ Internal Medicine      |
| C ___ Biochemistry                      | N ___ Microbiology           |
| D ___ Cardiology/Cardiovascular Disease | O ___ Molecular Biology      |
| 1 ___ Interventional Cardiology         | P ___ Nephrology             |
| 2 ___ Heart Failure                     | Q ___ Neurology              |
| 3 ___ Electrophysiology                 | R ___ Neurosurgery           |
| 4 ___ Cardiac Imaging                   | S ___ Nursing                |
| E ___ Cardio-Thoracic Surgery           | T ___ Nutrition              |
| F ___ Cell Biology                      | U ___ Pathology              |
| G ___ Diabetes & Metabolism             | V ___ Pediatric Cardiology   |
| H ___ Emergency Medicine                | W ___ Pharmacology           |
| I ___ Endocrinology                     | X ___ Physiology             |
| J ___ Epidemiology                      | Y ___ Radiology              |
| K ___ Family Practice                   | Z ___ Vascular Surgery       |
|   | Z1 ___ Other (Specify) _____ |

**Return form to:**

AHA Registrar  
 6th Annual Conference on Arteriosclerosis,  
 Thrombosis and Vascular Biology  
 C/O ExpoExchange  
 1888 N. Market Street, P.O. Box 4088  
 Frederick, MD 21705  
 Fax: 301-694-5124 (Do not include cover sheet)  
 Customer service phone: 301-694-3287

Or register online at  
[americanheart.org/conferences](http://americanheart.org/conferences).  
 All registrants will receive written  
 confirmation/receipt of registration  
 via e-mail. Registrations received  
 after the advance registration  
 deadline of March 28, 2005 will  
 not receive confirmation.

**SECTION 6**

**List percent of time spent in each of the following:**

- |                                |
|--------------------------------|
| A ___ % Administration         |
| B ___ % Patient care           |
| C ___ % Research               |
| D ___ % Teaching               |
| E ___ % In Training            |
| F ___ % Other (specify): _____ |

**SECTION 8**

**Ethnicity**

Completion of this information is strictly voluntary. The information provided will not be used for any purposes other than to provide the AHA with statistical information concerning the level of participation by women and minorities in its programs. The association seeks to broaden the involvement of women and minorities. Please mark one of the following:

- |                                       |                                 |
|---------------------------------------|---------------------------------|
| A ___ Alaskan Native                  |                                 |
| B ___ American Indian/Native American |                                 |
| C ___ Asian                           | <input type="checkbox"/> Male   |
| D ___ Black                           | <input type="checkbox"/> Female |
| E ___ Caucasian                       |                                 |
| F ___ Hispanic                        |                                 |
| G ___ Pacific Islander                |                                 |
| H ___ Other (specify): _____          |                                 |

**SECTION 7** Scientific Council/IWG Affiliation(s):

- |  |
|--|
| A ___ Arteriosclerosis, Thrombosis, and Vascular Biology |
| B ___ Basic Cardiovascular Sciences                      |
| C ___ Cardiopulmonary, Perioperative & Critical Care     |
| D ___ Cardiovascular Disease in the Young                |
| E ___ Cardiovascular Nursing                             |
| F ___ Cardiovascular Radiology and Intervention          |
| G ___ Cardiovascular Surgery & Anesthesia                |
| H ___ Clinical Cardiology                                |
| I ___ Epidemiology and Prevention                        |
| J ___ High Blood Pressure Research                       |
| K ___ Kidney in Cardiovascular Disease                   |
| L ___ Nutrition, Physical Activity and Metabolism        |
| M ___ Stroke   |
| N ___ IWG-Atherosclerotic Peripheral Vascular Disease    |
| O ___ IWG-Functional Genomics & Translational Biology    |
| P ___ IWG-Quality of Care & Outcomes Research            |

**SECTION 9**

Registration \$ \_\_\_\_\_ Dinner Tickets \$ \_\_\_\_\_  
 Lunch Tickets \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

Please mark method of payment. Credit cards will be charged immediately. **Wire transfers not accepted.**

Check drawn on US bank in US dollars  
 American Express  Discover  MasterCard  Visa

Card No. \_\_\_\_\_

Exp. Date \_\_\_\_\_ **Total fee to be charged:** \$ \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_ I authorize the use of my card for this purpose.

A full refund will be made if written notice of cancellation is received by March 28, 2005 otherwise, a \$70 cancellation/processing fee will be charged. No refunds will be made after April 13, 2005

We encourage participation by all individuals. If you have a disability, notification of any special needs will help us serve you better. Check here if you require special assistance to fully participate in the meeting.

Yes, attached is a written description of requirements.

