

7th Annual Conference on Arteriosclerosis, Thrombosis and Vascular Biology

April 27-29, 2006 • Denver Marriott City Center, Denver, CO

AHA064 410306.5205.8192



Learn and LiveSM

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	On or before	After
Professional AHA Members	March 27, 2006	March 27, 2006
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*	<input type="checkbox"/> US \$175	<input type="checkbox"/> US \$225

Registration fee includes no-host receptions, continental breakfasts, and all refreshment breaks. *NOTE: Tickets for luncheon and dinner are NOT included in registration fees. Please purchase separately if attending.*

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, 2006, 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 department supervisor.

The following ticketed activities are open to all attendees:

ATVB Mentor of Women Award Luncheon (Friday) US \$ 25
 Open to all conference attendees No. of tickets needed _____
 ATVB Council Dinner (Friday) US \$ 35
 Open to all conference attendees No. of tickets needed _____

SECTION 3

If applicable, mark both 3A and 3B.

3A Classification	G ___ Physical Therapist	N ___ Nurse Practitioner
A ___ Physician	H ___ Occupational Therapist	O ___ EMT/Paramedic
B ___ Research Scientist	I ___ Registered Dietitian	P ___ Technician
C ___ Physician Assistant	J ___ Other Healthcare Professional	
D ___ Pharmacist	K ___ Non Healthcare Professional	3B Customer Segment
E ___ CPHQ	L ___ Administrator	A ___ Student/Trainee
F ___ Respiratory Therapist	M ___ Nurse	B ___ Early Career

SECTION 4 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) _____

SECTION 5

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 7

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
 D ___ Black Male
 E ___ Caucasian Female
 F ___ Hispanic
 G ___ Pacific Islander
 H ___ Other (specify): _____

SECTION 6 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 8

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.

Return form to:

AHA Registrar
 7th 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.
All registrants will receive written confirmation/receipt of registration via e-mail. Registrations received after the advance registration deadline of March 28, 2006 will not receive confirmation.

A full refund will be made if written notice of cancellation is received by March 27, 2006; otherwise, a \$70 cancellation/processing fee will be charged. No refunds will be made after April 14, 2006.

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.

