

Exhibits: November 14-16
Sessions: November 13-17
Resuscitation Science
Symposium: November 13-14
Chicago, Illinois
scientificsessions.org

Return by fax to: (508) 743-9610

Return by mail to: Convention Data Services
Scientific Sessions
Conference 2010
107 Waterhouse Road
Bourne, MA 02532

Customer Service: (508) 743-8517
1-800-748-3583

Cancellation Policy: CDS must receive written notice of cancellations by Oct. 15, 2010, 12:00 Midnight EST in order to receive a refund less \$50 processing fee. Cancellation requests received after Oct. 15, 2010, 12:00 Midnight EST will not be refunded.

Section 1: Contact Information

Promo Code: WB301

Prefix ___ First _____ MI ___ Last _____ Suffix _____

Nickname for Badge _____ Job Title _____

Hospital/Institution _____ This is a University/Teaching Facility Community Facility

Street Address _____ This is a Business Home

Zip/Postal Code _____ City _____

State/Province _____ Country _____

Phone _____ Mobile Phone* _____ Fax _____

E-mail (mandatory)* _____

For emergencies, please contact (mandatory): First _____ Last _____ Phone _____

*By providing your mobile phone number and/or email address, you opt in to receive from AHA Scientific Sessions 2010 pre-conference and onsite emails and text messages unless you have checked the box below.

- Do not send me Scientific Sessions-related text messages.
 Do not send me Scientific Sessions-related e-mails.

Remove my name from Scientific Sessions mailing lists rented from AHA.

Badge Mailing Address (if different from above.)

Street Address _____ This is a Business Home

Zip/Postal Code _____ City _____

State/Province _____ Country _____

Special Services Profile

Check here if you require special assistance to fully participate in the meetings. (Please attach written description of requirements.)

Section 2: Customer Profile

Your registration will not be processed if all information is not completed.

2a Primary Classification (Printed on Badge)

- | | | | |
|---------------------------|------------------------------|-------------------------------------|--------------------------------|
| A ___ Physician | E ___ CPHQ | I ___ Registered Dietitian | M ___ Nurse |
| B ___ Research Scientist | F ___ Respiratory Therapist | J ___ Other Healthcare Professional | N ___ Nurse Practitioner |
| C ___ Physician Assistant | G ___ Physical Therapist | K ___ Non Healthcare Professional | O ___ EMT/Paramedic |
| D ___ Pharmacist | H ___ Occupational Therapist | L ___ Administrator | P ___ Technician/ Technologist |

2b Segment

- A ___ Student/Trainee
B ___ Early Career
C ___ Other

2c Major Specialty

- | | | | |
|------------------------------------|----------------------------------|------------------------------------|--------------------------------|
| ___ Administration | ___ Cardiology: Prevention | ___ Internal Medicine | ___ Pharmacology |
| ___ Allergy and Immunology | ___ Cardiology: Transplantation | ___ Interventional Radiology | ___ Pharmacy |
| ___ Anatomy | ___ Cell Biology | ___ Microbiology | ___ Physiology |
| ___ Anesthesiology | ___ Chemistry | ___ Molecular Biology | ___ Pulmonary Medicine |
| ___ Arteriosclerosis | ___ Clinical Pharmacology | ___ Nephrology | ___ Radiology |
| ___ Behavioral Medicine/Sciences | ___ Critical Care/Intensive Care | ___ Neuro/Neurosci: Imaging | ___ Rehab/Exercise: Cardiac |
| ___ Biochemistry | ___ Diabetes and Metabolism | ___ Neuro/Neurosci: Radiology | ___ Rehab/Exercise: Physiology |
| ___ Biological Sciences | ___ Dietetics | ___ Neuro/Neurosci: Spch-Lang Path | ___ Rehab/Exercise: PT |
| ___ Biophysics | ___ Emergency Medicine | ___ Neuro/Neurosci: Stroke | ___ Rehab/Exercise: Rehab Med |
| ___ Cardiology: Clinical EP | ___ Endocrinology | ___ Neuro/Neurosci: Surgery | ___ Rehab/Exercise: Stroke |
| ___ Cardiology: CV Radiology | ___ Epidemiology | ___ Nuclear Medicine | ___ Surgery: Cardio-Thoracic |
| ___ Cardiology: Echocardiography | ___ Family Practice | ___ Nutrition | ___ Surgery: General Surgery |
| ___ Cardiology: General Cardiology | ___ Genetics | ___ Obstetrics and Gynecology | ___ Surgery: Trauma Surgery |
| ___ Cardiology: Heart Failure | ___ Gerontology | ___ Occupational Health | ___ Surgery: Vascular Surgery |
| ___ Cardiology: Imaging | ___ Hematology | ___ Occupational Therapy | ___ Thrombosis |
| ___ Cardiology: Interventional | ___ Hypertension | ___ Pathology | ___ Vascular Medicine |
| ___ Cardiology: Pediatric | ___ Infectious Diseases | ___ Pediatrics | |

2d List Percent of Time Spent

- A ___ % Administration
B ___ % Patient Care
C ___ % Research
D ___ % Teaching
E ___ % In Training
F ___ % Other

Specify Other Below _____

2e Ethnicity/Gender

Completion of the following is voluntary. The information provided will not be used for any purpose other than to provide AHA with statistical information about the level of participation by women and minorities. The association seeks to broaden the involvement of women and minorities.

- | | | | | |
|---------------------|-----------------------|------------------------|------------------------------------|--|
| A ___ Alaska Native | B ___ Native American | C ___ Asian | D ___ Black | <input type="checkbox"/> Do Not Wish to Disclose |
| E ___ Caucasian | F ___ Hispanic | G ___ Pacific Islander | H ___ Other (please specify) _____ | <input type="checkbox"/> Do Not Wish to Disclose |

- MALE FEMALE
 Do Not Wish to Disclose

Section 3: Conference Package Selection

Scientific Sessions and the Resuscitation Science Symposium may be selected in combination or individually.

Please check your member level below:*	Scientific Sessions Nov. 13–17. Please check one.		Resuscitation Science Symposium Nov. 13–14. Please check one.	
	On or before Oct. 15	After Oct. 15	On or before Oct. 15	After Oct. 15
AA Premium Professional Plus Member	\$395	\$495	\$300	\$400
A Premium Professional Member	\$395	\$495	\$300	\$400
B General Professional Member	\$650	\$750	\$500	\$600
C Emeritus Council Member	\$ 50	\$100	\$ 50	\$100
D Early Career Member	\$395	\$495	\$300	\$400
E Nurse Premium Professional Member	\$165	\$265	\$250	\$350
ES Nurse Premium Prof Plus Member	\$165	\$265	\$250	\$350
F Nurse General Professional Member	\$295	\$395	\$450	\$550
G Student/Trainee Member**	\$ 75	\$150	\$ 50	\$100
H EMT/Paramedic Premium Professional Member	\$165	\$265	\$250	\$350
HS EMT/Paramedic Premium Professional Plus Member	\$165	\$265	\$250	\$350
I EMT/Paramedic General Professional Member	\$295	\$395	\$450	\$550
J Technician Member**	\$165	\$265	\$120	\$170

* Proof of membership will be verified. Eligibility deadline for member rate: **September 30, 2010.**
 ** Onsite verification of status is required: current license, student ID or letter on institution letterhead. Full Nonmember fee will be charged if verification is not provided.

<p>1 Day Only – Scientific Sessions Does not include Resuscitation Science Symposium 1 Day options cannot be combined (Please check one)</p> <p style="text-align: center;">Tuesday, Nov 16–Wednesday, Nov 17</p> <table border="0"> <tr> <td>On or before Oct. 15</td> <td>After Oct. 15</td> <td>On or before Oct. 15</td> <td>After Oct. 15</td> </tr> <tr> <td>\$400</td> <td>\$500</td> <td>\$125</td> <td>\$200</td> </tr> </table> <p style="text-align: center;"><i>Cannot be combined with the Resuscitation Science Symposium.</i></p> <p style="text-align: center;">Please check which 1 day you would like to attend for the conference you selected above.</p> <p> <input type="checkbox"/> Saturday, Nov. 13 (Exhibits Closed) <input type="checkbox"/> Sunday, Nov. 14 <input type="checkbox"/> Monday, Nov. 15 <input type="checkbox"/> Tuesday, Nov. 16 <input type="checkbox"/> Wednesday, Nov. 17 (Exhibits Closed) </p>	On or before Oct. 15	After Oct. 15	On or before Oct. 15	After Oct. 15	\$400	\$500	\$125	\$200	<p style="text-align: center;">Cardiovascular Nursing Clinical Symposium 2010 +1 Complimentary Day of Scientific Sessions</p> <p style="text-align: center;">Check 1 day below.</p>	<table border="0"> <tr><td>Scientific Sessions:</td><td>\$ _____</td></tr> <tr><td>Resuscitation Science Symposium:</td><td>\$ _____</td></tr> <tr><td>Scientific Sessions 1 Day Only:</td><td>\$ _____</td></tr> <tr><td>Scientific Sessions and Resuscitation Science Symposium:</td><td>\$ _____</td></tr> <tr><td>Cardiovascular Nursing Clinical Symposium:</td><td>\$ _____</td></tr> <tr><td>2010 AHA ECC Guidelines Instructor Conf.:</td><td>\$ _____</td></tr> <tr><td>ECC Guidelines and Resuscitation Science Symposium:</td><td>\$ _____</td></tr> <tr><td>Section 3 Registration Total:</td><td>\$ _____</td></tr> </table>	Scientific Sessions:	\$ _____	Resuscitation Science Symposium:	\$ _____	Scientific Sessions 1 Day Only:	\$ _____	Scientific Sessions and Resuscitation Science Symposium:	\$ _____	Cardiovascular Nursing Clinical Symposium:	\$ _____	2010 AHA ECC Guidelines Instructor Conf.:	\$ _____	ECC Guidelines and Resuscitation Science Symposium:	\$ _____	Section 3 Registration Total:	\$ _____
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<p>Friday, Nov. 12 On or before Oct. 15 \$195 After Oct. 15 \$245</p> <p>_____ 2010 AHA ECC Guidelines Instructor Conference + 1 Complimentary Day of Scientific Sessions - <i>Check 1 day below.</i></p> <p style="text-align: center;"><i>Cannot be combined with the Cardiovascular Nursing Clinical Symposium 2010.</i></p> <p style="text-align: center;"><i>Can be combined with the Resuscitation Science Symposium.</i></p> <p>ECC Instructor Number (mandatory) _____</p> <p>Training Facility (mandatory) _____</p> <p>_____ Saturday, Nov. 13 (Exhibits Closed) <input type="checkbox"/> Sunday, Nov. 14 <input type="checkbox"/> Monday, Nov. 15 <input type="checkbox"/> Tuesday, Nov. 16 <input type="checkbox"/> Wednesday, Nov. 17 (Exhibits Closed)</p>	<p>Includes 4 Workshops on Friday Nov 12. Must select 1 time period for each workshop. Please fill in the selected times below 10:30 AM; 1:30 PM and 4 PM</p> <p>**workshops are each 2 hours long</p> <p>8:00 AM Open Plenary Session (Mandatory)</p> <p> <input type="checkbox"/> Basic Life Support <input type="checkbox"/> Advance Cardiovascular Life Support <input type="checkbox"/> Pediatric Advance Life Support (offered at 10:30 and 1:30 only) <input type="checkbox"/> Instructor Enrichment/Development (offered at 1:30 and 4:00 only) </p>
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Section 4: A La Carte Items

On or before Oct. 15	After Oct. 15	Please check the events you like to purchase:	
_____ \$65	_____ \$75	CLDI	Clinical Cardiology Dinner (7:00 PM)
_____ \$40	_____ \$45	CLDL	Quality of Care & Outcomes Research Reception (7:00 PM)
_____ No Fee	_____ No Fee	CLDNW	Peripheral Vascular Disease Council Fellows in Training Workshop (8:00 AM)
_____ \$55	_____ \$65	CLDN	Peripheral Vascular Disease Dinner (7:00 PM)
Monday, Nov. 15			
_____ \$30	_____ \$35	CLDA	Arteriosclerosis, Thrombosis & Vascular Biology Women's Leadership Luncheon (12:00 NOON)
Tuesday, Nov. 16			
_____ \$30	_____ \$40	CLDB	Women In Cardiology Networking Luncheon (12:00 NOON)
_____ \$50	_____ \$60	CLDC	Basic Cardiovascular Sciences Dinner (7:00 PM)
_____ \$50	_____ \$60	CLDD	Cardiopulmonary, Critical Care, Perioperative & Resuscitation Dinner (7:00 PM)
_____ \$50	_____ \$60	CLDE	Cardiovascular Radiology & Intervention Dinner (7:00 PM)
_____ \$50	_____ \$60	CLDF	Epidemiology & Prevention and Nutrition Physical Activity & Metabolism Dinner (7:00 PM)
_____ \$55	_____ \$65	CLDG	Cardiovascular Disease In The Young Dinner (7:00 PM)
_____ \$55	_____ \$65	CLDH	Cardiovascular Nursing Dinner (7:00 PM)
_____ \$60	_____ \$70	CLDK	Cardiovascular Surgery & Anesthesia Dinner (7:00 PM)
_____ \$20	_____ \$25	CLDJ	Arteriosclerosis, Thrombosis & Vascular Biology Early Career Networking Reception (7:00 PM)
_____ \$25	_____ \$30	CLDM	Functional Genomics & Translational Biology Reception (6:30 PM)

Special Meal Request:
 Kosher
 Vegetarian
 Vegan

A La Carte Items
Section 4 Total: \$ _____

Section 5: Guest Registration

Prefix _____ First _____ MI _____ Last _____ Suffix _____

E-mail (mandatory) _____

Guest badges allow access to Science and Technology Hall Only (Nov. 14–16). On or before Oct. 15 _____ (\$70) After Oct. 15 _____ (\$80)

K _____ Guest badge **Guest Policy:** Guest registration is defined as a spouse or family member of a professional registrant or a guest of an exhibiting company. Guest registrants are only permitted in the Science & Technology Hall. If you wish to access the full meeting, full registration is required.

Section 6: Payment & Authorization

Please mark payment method. Credit cards will be charged immediately. Payment does not include membership or housing. If the AHA membership data conflicts with the information indicated on this form, we will automatically adjust your registration and you will be charged accordingly.

Section 3 Total: \$ _____

Section 4 Total: \$ _____

Section 5 Total: \$ _____

Service Charge: \$10 (Required)

Grand Total: \$ _____

Check drawn on U.S. bank in U.S. dollars payable to American Heart Association
 Discover Card American Express MasterCard VISA Diner's Club

Card number _____ Exp. date _____

Name as it appears on card _____ Cardholder Signature _____