

GROUP REGISTRATION FORM

Each Attendee is required to have a completed registration form.

Please Update Name and Address Below:

Name: _____

Address: _____

Address 2: _____

City: _____ State: _____ Zip: _____ Country: _____

Referred by (AAHFN Member): _____

Employer: _____

Phone: _____ Fax: _____

E-mail: _____

Credentials: _____ License Number: _____

Do you have prescriptive privileges? Yes No Is this your first AAHFN Annual Meeting? Yes No

Please circle all that apply.

- I am a:**
 Allied Health Professional
 APN (CNS)
 APN (NP)
 Corporate/Industry
 Dietician
 LPN
 Nurse (RN)
 Pharmacist
 Physician
 Social Worker
 Student

Certifications:

- ACNP
 APN
 CCNS
 CCRN
 CEN
 CNS
 FAAN
 FAHA
 FNP
 PHN
 RN

The highest degree I have is:

- | | |
|-----------|--------|
| Associate | JD |
| BA | Master |
| BS | MD |
| BSN | MPH |
| Diploma | MBA |
| DNP | MS |
| DNS | PhD |
| MSN | |
| ND | |

- I work in a:**
 Corporate/Industry
 Heart Failure Program – Inpatient
 (hospital based)
 Heart Failure Program – Both inpatient &
 outpatient_(hospital based)
 Heart Failure Program – Outpatient
 (hospital based)
 Heart Failure Program – Private Practice
 Heart Failure Program – HMO or third-
 party payer
 Private Practice Office – Cardiology
 Private Practice Office – Internal
 Medicine/Family Practice
 University

My position is: *(Choose Primary Position)*

- Administrator/Director
 Administrative
 Allied Health Professional
 Manager/Supervisor
 Cardiac Rehabilitation Specialist
 Case/Project Manager
 Clinical Nurse Specialist
 Clinical Research Consultant
 Educator
 Faculty
 Heart Failure Advocate
 Heart Failure NP
 Heart Failure Research Nurse/Study
 Coordinator
 Hospital Staff Nurse/Clinical
 Practitioner/Caregiver
 Industry/Corporate Consultant/Sales
 Nurse Researcher/Principal Investigator
 Nurse Practitioner
 Outpatient Nurse/Caregiver (neither NP
 nor CNS role)
 Practitioner
 Research Nurse

- RN
 Sr. Education Manager
 Staff Nurse
 Student
 Therapy Sales Specialist
 Other: _____

My specialty is:

- Behavioral Health
 Cardiac Surgery
 Cardiology
 Cardiovascular Medicine
 Chronic Disease
 Critical Care
 CV/CHF Study
 Family Practice/Care
 Heart Failure
 Heart Failure, Critical Care
 Internal Medicine
 New Therapies
 Transplant
 Other: _____

**Number of patients monitored
 on a monthly basis:**

- 1 - 50
 51 - 100
 101 - 150
 151 - 200
 201 - 299
 Over 300
 N/A

I heard about AAHFN:

- Corporate/Industry
 E-mail
 Flyer
 Friend/Colleague
 PCVN Journal
 Program

Name: _____

1. Pre-meeting Workshop (Wednesday, June 24, 2009):

“Heart Failure Programs: Everything You Wanted to Know but Didn’t Know Where to Ask”

____ I will be attending the Pre-meeting Workshop.

Note: there is an additional registration fee of \$75 for this course.

2. Pre-meeting Symposia (Thursday, June 25, 2009):

These events are included in the registration fee.

Please indicate your interest in attending the following Thursday Pre-meeting Symposia sessions:

____ Session I: 11:00 am - 12:30 pm

____ Session II: 1:30 pm - 3:00 pm

3. Opening Session and Grand Opening Reception (Thursday, June 25, 2009):

This event is included in the registration fee.

I plan to attend ____

I do not plan to attend

4. Educational Tracks:

Please check the track that you are most likely to attend. This information is used internally to determine interest only. During the meeting, attendees may mix and match sessions.

____ Track 1: Cornerstones of HF

____ Track 2: Advanced Aspects of HF

____ Track 3: Global Aspects of HF

5. Skill Labs (Track 4):

Registration for the labs is limited to enhance the educational quality. The labs will run concurrently with the educational tracks. Each lab will run twice. Attendees registering for the labs will be assigned to a particular session. **Please note:** by completing this section of the registration form, you will not be automatically registered for the lab(s). AAHFN will send a notice to inform you of your placement within a lab(s) or placement on a waiting list.

Please use the numbers 1-4, with 1 = your 1st choice, to indicate which lab(s) you would like to attend. If you are not interested in attending any of the labs, please skip this section.

Friday Labs

____ Lab 1: SimMan

____ Lab 2: Heart Sounds

Saturday Labs

____ Lab 3: Remote Monitoring Devices

____ Lab 4: Visible Heart

6. Social (Saturday, June 27, 2009 • 6:00 pm - 10:00 pm):

____ I plan to attend

____ I do not plan to attend

ADA Compliance

The AAHFN will use its best efforts to provide reasonable accommodations for attendees with disabilities. Please contact Meredith Weiner, mweiner@ahint.com, if you have special needs. The AAHFN cannot ensure the availability of appropriate accommodations without prior notification.

Registration Fees and Requirements:

Pre-meeting Workshop Registration	\$75
Full Meeting Registration – Group Rate	\$200

Summary of Fees

Pre-meeting Workshop Fee*	\$ _____
Registration Fee	\$ _____

Total Amount Due \$ _____

* Leave blank if you are not participating in the Pre-meeting Workshop.

Payment Information

Credit Card Visa MasterCard AMEX

Name on Card _____

Card Number _____

Expiration Date _____

Check: Made payable to AAHFN
(U.S. funds drawn on a U.S. bank only)

Submit registration form with payment to:

AAHFN Registration Manager
15000 Commerce Parkway, Ste C
Mt. Laurel, NJ 08054

Refer to www.aahfn.org for AAHFN’s cancellation policy.

For Questions or concerns, please contact Lisa Dougherty at ldougherty@ahint.com or 856-380-6806.

AAHFN Federal ID #20-0685642

