

7th Biennial Congress of the Society for Heart Valve Disease & Heart Valve Society of America

Palazzo del Casinò ~ Venice, Italy

22-25 June 2013

Early Registration Deadline: 10 May 2013

Regular Registration Deadline: 14 June 2013

ATTENDEE INFORMATION (please print)

Name	Hospital/Affiliation	
Address	City	
State/Province	Country	Postal Code
Phone	Fax	
Email Address (required for confirmation)		






SHVD REGISTRATION FEES

All Fees Quoted & Payable in EUR

COMPLETE PROGRAM COMBINED POSTGRADUATE COURSE & BIENNIAL CONGRESS	EARLY BIRD <i>Thru</i> 10 May 2013	REGULAR <i>Beginning</i> 11 May 2013	ONSITE <i>From</i> 15 June 2013	Amount
SHVD or HVSA Member	€550	€750	€850	
Non-Member Physician	€750	€850	€950	
Allied Health Professional	€350	€400	€450	
Trainee / Student	€350	€400	€400	
BIENNIAL CONGRESS ONLY				
SHVD or HVSA Member	€550	€600	€650	
Non-Member Physician	€650	€700	€750	
Allied Health Professional	€300	€350	€400	
Trainee / Student	€300	€350	€350	
Non-Exhibiting Industry	€700	€800	€900	
Additional Ticketed Programs				
Postgraduate Course ONLY – 22nd June (included in the complete program package)	€200	€250	€300	
President's Dinner – 24 th June (per person)	€125	€125	€125	
			TOTAL ENCLOSED	€

PAYMENT

Fees are payable via VISA, MasterCard, American Express, check, or money order. Please indicate your payment method below

<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
 		
Name (As it appears on Card) _____		
Security Code: _____ (See card images above) EXPIRATION DATE: ____ / ____		
CREDIT CARD NUMBER: _____		
BILLING ADDRESS _____		
(If not the same as address listed above)		
SIGNATURE: _____		
I authorize SHVD to charge my credit card the above fees.		

CANCELATION POLICY:

All requests for cancellations must be received in writing. If a written request of cancellation is received at the SHVD Administrative Office prior to 14 June 2013, the registration fee, less a €50.00 administrative fee, will be refunded after the meeting. Refund requests received after 14 June 2013 will not be honored. Fees cannot be reduced for partial attendance. Please send written requests to: SHVD Registration Department, 500 Cummings Center, Suite 4550, Beverly, Massachusetts 01915 USA
FAX: +01 978-524-0461