

REGISTRATION FORM

Boston Atrial Fibrillation Symposium
Mechanisms and New Directions in Therapy
17th International Symposium
Seaport Hotel and World Trade Center, Boston, MA
January 12-14, 2012

Please print in block letters or type

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Academic Degree MD PhD PA RN* NP* Therapist* Other

Specialty _____

- \$895 Physician
- \$895 Industry
- \$595 residents, fellows and hospital-based nurses (with a certifying letter from your hospital)

Payment Check Payable to: Arrhythmia Education, Inc.
P.O. Box 790, Nashua, NH 03064

Register online at www.afsymposium.com

Please advise us at the earliest possible date if you have special health or physical requirements and desire special accommodations. Requests will be kept confidential. Please contact: Muriel Corcoran at mcorcoran@arrhythmiedu.com or 603 897 5510

*Attach certifying letter