

Baptist Health International Center of Miami

&

Baptist Cardiac and Vascular Institute

Present

**1st International Cardiovascular
BCVI Symposium**

Registration Form

Title: _____

First Name: _____ Last Name: _____

Hospital/Medical Entity _____

Specialty: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Email: _____

Telephone: _____ Fax: _____

Preferred Language: _____

Event Fee: *\$ 300. US

Event Date: Friday, August 7th & Saturday August 8th, 2009

Registration deadline: July 31, 2009

**Please submit the symposium and hotel registration forms to
olintol@baptisthealth.net or fax to 786-596-3648.**

*A \$300 registration fee includes all sessions, program materials, transfer to and from the conference facility, Marriott Dadeland Hotel and the end-of-conference cocktail party.



Baptist Health

International Center of Miami