

MEMBER

ADVANCE
REGISTRATION FORM

-OR-

SAVE \$20 –
REGISTER ONLINE!

scientificsessions.org



American Heart Association®

Scientific Sessions

Section 1: Contact Information (Fields in red are mandatory.)

AHA Member # _____

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 _____ Fax _____

Email (mandatory)* _____

Emergency Contact (mandatory) First _____ Last _____ Phone _____

Mobile Phone:* _____

* By providing your mobile phone number and/or email address, you agree you would like to receive from Scientific Sessions pre-conference and onsite information, as well as other AHA updates.

AHA uses Personal Data for opportunities within AHA Research, Statement & Guidelines, Scientific Sessions, Professional Membership, Scientific Journals, Professional Educational, Access to Professional Website and Early Career.

Radio frequency identification (RFID) badge scanning technology will be utilized at this event in order to better understand attendee/delegate interests and preferences. The information collected will be used to make improvements for future events that address your indicated preferences. No personal information is stored in the RFID badge; you are only identified by an ID number. We encourage all attendees to participate in this process to ensure the most accurate data is obtained. Should you wish to "opt out" of this program, please indicate your preference in the box below.

Opt out of the radio frequency identification program (RFID)

National Provider Identifier (NPI) Number _____ NPI Lookup site: nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do

Special Services Profile

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

Return by fax to: (508) 743-9610

Return by mail to: American Heart Association
Scientific Sessions 2019
c/o Convention Data Services
7 Park Drive
Bourne, MA 02532

CDS Customer (508) 743-8517

Service Phone: 1-800-748-3583

Email: sessions@xpressreg.net

Registrants who cancel must request a refund of fees paid in writing. Cancellation requests received at Convention Data Services by October 15, 2019, midnight EST will be processed, less a \$75 administrative fee. No refunds will be issued until 7–15 days post-event. No refunds will be made after October 15, 2019. Purchased meal tickets are non-refundable. Refunds will not be granted for no-shows after the conference. No refunds will be issued onsite.

Section 2: Photography Waiver

Your registration will not be processed if you do not accept this waiver.

The American Heart Association (AHA) will take photographs and video during its conferences and may display, reproduce and/or distribute them in AHA educational, news or promotional material, whether in print, electronic or other media, including the AHA website. Your registration for an AHA conference is your grant to AHA the right to use your name, image and biography for such purposes as well as any other purpose. All photographs and/or videos become the property of AHA.

Please check that you accept the Photography Waiver.

Section 3: Customer Profile

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

3a Primary Classification *Please check one ONLY (Mandatory)*

- | | | | |
|--|---|--|---|
| A <input type="checkbox"/> Physician | Healthcare Quality | J <input type="checkbox"/> Other Healthcare Professional | O <input type="checkbox"/> EMT/Paramedic |
| B <input type="checkbox"/> Research Scientist | F <input type="checkbox"/> Respiratory Therapist | K <input type="checkbox"/> Non Healthcare Professional | P <input type="checkbox"/> Technician/ Technologist |
| C <input type="checkbox"/> Physician Assistant | G <input type="checkbox"/> Physical Therapist | L <input type="checkbox"/> Administrator | Q <input type="checkbox"/> Nurse Scientist |
| D <input type="checkbox"/> Pharmacist | H <input type="checkbox"/> Occupational Therapist | M <input type="checkbox"/> Nurse | R <input type="checkbox"/> Speech Therapist |
| E <input type="checkbox"/> Certified Professional in | I <input type="checkbox"/> Registered Dietitian | N <input type="checkbox"/> Nurse Practitioner | |

3b Segment (Required to select 1)

- A Student/Trainee
 B Early Career
 C Other
 D Professional Associate

3c Major Specialty (Mandatory)

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

3d List Percentage of Time Spent (Required, Percentages must equal %100%)

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

Specify Other Below:

3e Council Affiliation(s) *By using numbers 1 and 2, please indicate your Primary and Secondary Council Affiliation.*

- | | | |
|--|--|--|
| ATVB <input type="checkbox"/> Council on Arteriosclerosis, Thrombosis and Vascular Biology | CVDY <input type="checkbox"/> Council on Cardiovascular Disease in the Young | COH <input type="checkbox"/> Council on Hypertension |
| BCVS <input type="checkbox"/> Council on Basic Cardiovascular Sciences | CVSN <input type="checkbox"/> Council on Cardiovascular and Stroke Nursing | KCVD <input type="checkbox"/> Council on the Kidney in Cardiovascular Disease |
| 3CPR <input type="checkbox"/> Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation | CVRI <input type="checkbox"/> Council on Cardiovascular Radiology and Intervention | LCH <input type="checkbox"/> Council on Lifestyle and Cardiometabolic Health |
| CVSA <input type="checkbox"/> Council on Cardiovascular Surgery and Anesthesia | CLCD <input type="checkbox"/> Council on Clinical Cardiology | PVD <input type="checkbox"/> Council on Peripheral Vascular Disease |
| | EPI <input type="checkbox"/> Council on Epidemiology and Prevention | QCOR <input type="checkbox"/> Council on Quality of Care and Outcomes Research |
| | GPM <input type="checkbox"/> Council on Genomic and Precision Medicine Council | STROKE <input type="checkbox"/> Stroke Council |

3f 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 Do Not Wish to Disclose
 E Caucasian F Hispanic G Pacific Islander H Other (please specify) _____

- Male Female
 Do Not Wish to Disclose

3g Early Career Only (Mandatory)

Program Director Name: _____ Program Director Email: _____
 University or Institution: _____ Program Start Date: _____ Program End Date: _____

3h Age Range (Mandatory)

___ 21 or under ___ 23-34 ___ 35-44 ___ 45-54 ___ 55-64 ___ 65 or Older ___ Decline to answer

Section 4: Conference Package Selection

Please check your member level below:*

Gold options include cost of Scientific Sessions on Demand — Conference Capture (SSOD)

	Scientific Sessions Nov 16-18 Please check one.					
	Early June 19-Sept 10	Early Gold June 19-Sept 10	Advance Sept 11-Oct 15	Advance Gold Sept 11-Oct 15	Main Oct 16-Nov 18	Main Gold Oct 16-Nov 18
A ___ Premium Professional Member	___ \$495	___ \$ 895	___ \$595	___ \$ 995	___ \$ 695	___ \$1,095
AA ___ Premium Professional Plus Member	___ \$495	___ \$ 895	___ \$595	___ \$ 995	___ \$ 695	___ \$1,095
B ___ General Professional Member	___ \$750	___ \$1,150	___ \$850	___ \$1,250	___ \$ 950	___ \$1,350
C ___ Premium Emeritus Member	___ \$195	___ \$ 595	___ \$250	___ \$ 650	___ \$ 300	___ \$ 700
D ___ Early Career Member	___ \$195	___ \$ 395	___ \$250	___ \$ 450	___ \$ 300	___ \$ 500
E ___ Nurse/Allied Health/Other Premium Professional Plus Member*	___ \$195	___ \$ 395	___ \$265	___ \$ 465	___ \$ 365	___ \$ 565
ES ___ Nurse/Allied Health/Other Premium Professional Member*	___ \$195	___ \$ 395	___ \$265	___ \$ 465	___ \$ 365	___ \$ 565
F ___ Nurse/Allied Health/Other General Professional Member*	___ \$295	___ \$ 495	___ \$395	___ \$ 595	___ \$ 495	___ \$ 695
G ___ Student/Trainee Member **	___ \$195	___ \$ 395	___ \$250	___ \$ 450	___ \$ 300	___ \$ 500
PA ___ Professional Associate Member	___ \$985	___ \$1,185	___ \$995	___ \$1,195	___ \$1,095	___ \$1,295

* Proof of membership will be verified.

** Member and Nonmember Student/Trainees must provide proof of status with a current license or certificate, student ID or a letter written on official letterhead and signed by department head, mentor or supervisor. The full nonmember fee will be charged if verification is not provided by October 21, 2019. (Refer to page 1 for CDS' fax and email.) Verification will also be accepted onsite.

One-day Member Registration — (Please check one)

1-Day Options:

- SAT_M — Saturday, Nov 16
 SUN_M — Sunday, Nov 17
 MON_M — Monday, Nov 18

(Please check one)

Early	Advance	Main
___ \$200	___ \$250	___ \$300

Scientific Sessions: \$ _____
 Scientific Sessions 1 Day Only: \$ _____
Section 4 Registration Total: \$ _____

Section 5: A La Carte Items

Please check the events you'd like to purchase:

Special Meal Request:

Early June 19-Sept 10	Advance Sept 11-Oct 15	Main Oct 16-Nov 18	Code	Qty	Event	Special Meal Request:
___ \$ 40	___ \$ 40	___ \$ 50	CLDB	___	Women In Cardiology Networking Luncheon — 12:00-2:00 pm	___ Kosher
___ FREE	___ FREE	___ FREE	CMAC	___	Councils & Membership Annual Celebration — 7:00-7:45 pm	___ Vegetarian
___ \$ 65	___ \$ 65	___ \$ 75	CLDC	___	Basic Cardiovascular Sciences Council Dinner — 7:45-10:00 pm	___ Vegan
___ FREE	___ FREE	___ FREE	CLDD	___	3 CPR Council Reception — 7:45-10:00 pm	___ None
___ \$ 50	___ \$ 50	___ \$ 75	CLDE	___	Cardiovascular Radiology & Intervention Council Reception — 7:45-9:30 pm	
___ \$ 70	___ \$ 70	___ \$ 80	CLDF	___	Epidemiology & Prevention and Lifestyle & Cardiometabolic Health Council Dinner — 7:45-9:30 pm	
___ \$ 70	___ \$ 70	___ \$ 80	CLDG	___	Cardiovascular Disease In The Young Council Reception — 7:45-9:30 pm	
___ \$ 70	___ \$ 70	___ \$ 80	CLDH	___	Cardiovascular and Stroke Nursing Council Dinner — 7:45-10:00 pm	
___ \$ 80	___ \$ 80	___ \$ 90	CLDI	___	Clinical Cardiology Council Dinner — 7:45-10:00 pm	
___ \$ 75	___ \$ 75	___ \$ 85	CLDK	___	Cardiovascular Surgery & Anesthesia Council Dinner — 7:45-9:00 pm	
___ \$ 75	___ \$ 75	___ \$ 85	CLDL	___	Quality of Care & Outcomes Research Council Reception — 7:45 PM	
___ \$ 65	___ \$ 65	___ \$ 75	CLDM	___	Genomic & Precision Medicine Reception — 7:45-9:30 pm	
___ \$ 70	___ \$ 70	___ \$ 80	CLDN	___	Peripheral Vascular Disease Council Dinner — 7:45-9:00 pm	
___ \$ 30	___ \$ 30	___ \$ 40	CLDO	___	Cardiovascular Disease In The Young Early Career Luncheon — 12:00-2:00 pm	
___ \$ 40	___ \$ 40	___ \$ 50	CLDP	___	Arteriosclerosis, Thrombosis & Vascular Biology Council Early Career Networking Reception — 7:45 pm	
					Sunday, Nov 17	
___ \$ 35	___ \$ 35	___ \$ 45	SECL	___	Lunch with Legends Early Career Networking (Members Only) — 12:00-1:30 pm	
					Monday, Nov 18	
___ \$ 25	___ \$ 25	___ \$ 35	CLDJ	___	Arteriosclerosis, Thrombosis & Vascular Biology Council Annual Business Meeting & Luncheon (ATVB Members Only) — 12:15-1:30pm	

BOOT 2 ___ Free — Single-Cell RNA Sequencing Boot Camp (Nov 17, 10:45 am-12:00 noon)

USB ___ Scientific Sessions OnDemand™ — USB Add-On Upgrade ___ \$89 (incl. shipping) **Section 5 Total \$** _____

Section 6: Guest Registration

Guest badges allow access to Science and Technology Hall Only Nov 16-18.

First _____ Last _____
 Email (Mandatory) _____
 ___ \$70 — Early (June 19-Sept 10) ___ \$80 — Advance (Sept 11-Oct 15) ___ \$180 — Main (Oct 16-Nov 18)

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 7: Payment & Authorization

Please mark payment method. Credit cards will be charged immediately. Payment does not include membership or housing. If the total amount due for all items does not accurately reflect the total cost of registration and/or member status, AHA reserves the right to charge the correct amount.

Section 4 Total: \$ _____
 Section 5 Total: \$ _____
 Section 6 Total: \$ _____
 Service Charge: \$ 20 (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 _____