

# NONMEMBER

ADVANCE  
REGISTRATION FORM

-OR-

SAVE \$20 –  
REGISTER ONLINE!

[scientificsessions.org](http://scientificsessions.org)



American Heart Association®

## Scientific Sessions

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

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 \_\_\_\_\_

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](mailto:sessions@xpressreg.net)

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](http://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.)

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 level below:\***  
*Gold options include cost of Scientific Sessions on Demand — Conference Capture (SSOD)*

	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
DN ___ Early Career Nonmember <i>(incl. Early Career Membership)</i>	___ \$ 325	___ \$ 625	___ \$ 425	___ \$ 725	___ \$ 525	___ \$ 825
GN ___ Student/Trainee Nonmember* <i>(incl. Student/Trainee Membership)</i>	___ \$ 325	___ \$ 625	___ \$ 425	___ \$ 725	___ \$ 525	___ \$ 825
NN ___ Nurse/Allied Health/Other Nonmember <i>(incl. General Professional Membership)</i>	___ \$ 835	___ \$1,135	___ \$ 935	___ \$1,235	___ \$1,035	___ \$1,335
N ___ Nonmember <i>(incl. Premium Professional Membership)</i>	___ \$1,265	___ \$1,765	___ \$1,465	___ \$1,965	___ \$1,665	___ \$2,165

\* Nonmember Student/Trainee or Technicians 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	Scientific Sessions:	\$ _____
___ \$250	___ \$350	___ \$450	Scientific Sessions 1 Day Only:	\$ _____
			<b>Section 4 Registration Total:</b>	<b>\$ _____</b>

**Section 5: A La Carte Items**

**Please check the events you'd like to purchase:**

Early June 19–Sept 10	Advance Sept 11–Oct 15	Main Oct 16–Nov 18	Code	Qty	Event	Special Meal Request:
___ \$ 55	___ \$ 65	___ \$ 75	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
___ \$ 95	___ \$ 95	___ \$100	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
___ \$ 80	___ \$ 80	___ \$100	CLDE	___	Cardiovascular Radiology & Intervention Council Reception — 7:45–9:30 pm	
___ \$100	___ \$100	___ \$105	CLDF	___	Epidemiology & Prevention and Lifestyle & Cardiometabolic Health Council Dinner — 7:45–9:30 pm	
___ \$100	___ \$100	___ \$105	CLDG	___	Cardiovascular Disease In The Young Council Reception — 7:45–9:30 pm	
___ \$100	___ \$100	___ \$105	CLDH	___	Cardiovascular and Stroke Nursing Council Dinner — 7:45–10:00 pm	
___ \$110	___ \$110	___ \$115	CLDI	___	Clinical Cardiology Council Dinner — 7:45–10:00 pm	
___ \$105	___ \$105	___ \$110	CLDK	___	Cardiovascular Surgery & Anesthesia Council Dinner — 7:45–9:00 pm	
___ \$ 95	___ \$ 95	___ \$100	CLDL	___	Quality of Care & Outcomes Research Council Reception — 7:45 PM	
___ \$100	___ \$100	___ \$105	CLDM	___	Genomic & Precision Medicine Reception — 7:45–9:30 pm	
___ \$ 55	___ \$ 55	___ \$ 65	CLDN	___	Peripheral Vascular Disease Council Dinner — 7:45–9:00 pm	
___ \$ 65	___ \$ 65	___ \$ 75	CLDO	___	Cardiovascular Disease In The Young Early Career Luncheon — 12:00–2:00 pm	
			CLDP	___	Arteriosclerosis, Thrombosis & Vascular Biology Council Early Career Networking Reception — 7:45 pm	
					<b>Sunday, Nov 17</b>	
___ \$ 35	___ \$ 35	___ \$ 45	SECL	___	Lunch with Legends Early Career Networking (Members Only) — 12:00–1:30 pm	
					<b>Monday, Nov 18</b>	
___ \$ 50	___ \$ 50	___ \$ 60	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 15–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