

A Cardiovascular Update for the Primary Care Practitioner

APRIL 11, 2015

*For Internal Medicine Physicians, Primary Care Physicians
and Nurse Practitioners*

CONFERENCE REGISTRATION

NAME _____

ORGANIZATION _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

SPECIALTY _____ DEGREE _____

(MD, NP, RN, etc.)

Check (Make checks payable to St. Dominic's)

Credit Card Visa Discover Mastercard American Express

CREDIT CARD # _____

BILLING ZIP CODE _____ EXP. DATE _____

***Cancellations must be made by Monday, April 6th in order to receive
a refund for the registration. No refunds after April 6th.***

You may mail, fax or email this registration to cvayda@stdom.com; fax-601.200.0142;
or to the return address listed.

Registration deadline is April 1st. Registrations received after that date will be placed on a waiting list. For more
information please call Elizabeth Lacoste at 601-982-7850, Ext. 172 or Charlotte Vayda at 601-200-6686.



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