



Registration Form

April 17, 2010

Inova Fairfax Hospital

Falls Church, VA

Name to appear on badge _____

Address _____

City, State, Zip _____

Phone _____ E-mail _____

Hospital/ Employer _____

CCP _____ RN _____ Other _____

Postmarks must be stamped by APRIL 1 to qualify for reduced rates.

Registration Fees for all attendees:

_____ **\$75: on or before April 1, 2010**

_____ **\$100: after April 1, 2010**

_____ **\$40: Students (with proper ID)**

Cancellation Policy:

Written requests received on prior to April. 13, 11:59 pm will receive payment minus \$10 processing fee.



Please make check payable to:

Maryland State Perfusion Society

Mail registration form and payment to:

Shelley Brown
10732 Bridlerein Terrace
Columbia, MD 21044

Please allow 10 business days to receive e-mail confirmation.