**Registration Form For: CardioSarasota, Florida 22/22/22**

**22nd Annual National Sarasota, Florida Congress for**

**Cardiovascular Disease Prevention and Optimal Treatment Update**

**Hosted by 22 of the Most Renowned National and International Professors in February 2022**

Physicians……………………………………………..$250 Prior to Sept. 15, 2021, Thereafter $400

Other Healthcare Professionals…………………………………………………………...………..$150

ISCVDP Members and Previous Attendees limited to 100 Prior to Sept. 15, 2021…………..$100

Medical Students and Nurses (first 50 registrants), prior to Sept. 15, 2021.…………………..Free

Public invited free for Saturday Afternoon session. Space is limited, must pre-register

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| --- | --- | --- |
| **Optional Breakfast for Health Care Providers Friday February 4, 2022** | YES, I will attend | NO, I will not attend |
| **Optional lunch for Health Care Providers: Friday February 4, 2022, Lunch for the first 100 Registrants** | YES, I will attend | NO, I will not attend |
| **Optional Dinner Program by invitation: Physicians Only Friday February 4, 2022, Space Limited** | YES, I will attend | NO, I will not attend |
| **Optional Breakfast for Health Care Providers Saturday February 5, 2022** | YES, I will attend | NO, I will not attend |
| **Optional lunch for Health Care Providers: Saturday February 5, 2022, Free Lunch for the first 100 Registrants** | YES, I will attend | NO, I will not attend |

Make checks payable to: International Society for Cardiovascular Disease Prevention

Prevention and mail to the address below. \*

FOR CREDIT CARD PAYMENT CALL (941) 366-9805

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_

Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp\_\_\_\_/\_\_\_\_\_\_\_

Send Registration Form & Appropriate Fee to:

International Society for Cardiovascular Disease Prevention

P.O. Box 433, Sarasota, FL 34230

Attn: M. El Shahawy, MD, Program Director