

# Vermont Cardiac Network

## REGISTRATION FORM 2008 ~ CONFERENCE SERIES ~ 2008

One registration form per person. If registering less than one week prior to the conference date, please call VCN prior to sending your registration. Walk-ins welcomed; pre-registration encouraged. To register, download and print this form. Complete and include your \$45 conference fee to:

### Vermont Cardiac Network

100 Dorset Street, Suite 13 So. Burlington, VT 05403

Conference:  Winter  Spring  Fall

Date of Registration \_\_\_\_\_

Name

Credentials

Position Title

Organization

Address

City / State / Zip

Telephone

E-mail

\$ Amt Enclosed

If you require special accommodations or have additional needs in order to participate, please check this box. Indicate your requests in writing and include with your registration.



*The Vermont Cardiac Network is committed to creating a quality program that is accessible to all. Please communicate any special services or assistance you may need, including dietary, in writing with your registration form.*

For more information: 802.425.3936

**Julie Basol, Director** [jnb@gmavt.net](mailto:jnb@gmavt.net)

Fax: 802.425.5507