

REGISTRATION FORM

(One registration form per person; photocopies welcome)

Vermont Cardiac Network

2010 Fall Conference

Thursday, October 7

DOUBLETREE HOTEL BURLINGTON SO. BURLINGTON, VT

Registration fee of \$50 includes continental breakfast, lunch, & materials.

Make check payable to Vermont Cardiac Network and return form by Tuesday, Sept. 28 to:

Vermont Cardiac Network

PO Box 123

No. Ferrisburgh, VT 05473

Please contact Julie Basol if you plan to attend and have not registered by September 28.

For more information: Email: jnb@gmavt.net | Phone: 802.425.3936 | Fax: 802.425.5507



Date of Registration: _____

Name/Credentials

Position Title

Organization

Address (preferred address for future brochure mailings)

City / State / Zip

Telephone

Email (provide your email address and you will receive a registration confirmation/receipt)

- Payment will come under separate cover
 I will pay on site
 Enclosed payment

Amount Enclosed: \$ _____ Check #: _____

About the Network

The Vermont Cardiac Network (VCN) is an independent group of physicians and nurses who meet three times per year in conference venue, to provide continuing education, disseminate knowledge, and exchange ideas about cardiac care.

The organization grew out of a task force assembled in 1981 by the Vermont Department of Health and the Vermont Health Policy Corporation to study cardiac care in the state.

Vermont Cardiac Network was incorporated into a 501(c)(3) organization in 1984 to assure the cardiac health status of Vermonters and other nearby residents. VCN has been able to keep registration fees at a low cost due to the generous, continued support from Vermont Association of Hospitals & Health Systems, Fletcher Allen Health Care, and Dartmouth-Hitchcock Medical Center.

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.

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 form.