

# ISMICS 2018

## Exhibitor Additional Course & Event Registration Form

PLEASE RETURN THIS FORM NO LATER THAN MAY 11<sup>TH</sup>. AFTER MAY 11<sup>TH</sup> THIS FORM WILL BE AVAILABLE ONSITE IN VANCOUVER.

### ATTENDEE INFORMATION *(please print)*

Name	Company	
Address	City	
State/Province	Country	Postal Code
Phone	Fax	
Company Name		
Email Address <i>(required for confirmation)</i>		

#### Additional exhibitors:

Name:	Email Address:
Name:	Email Address:
Name:	Email Address:
Name:	Email Address:

### EVENT: Masters Day Course (Please make selections) | \$295 registration fee per attendee

#### Morning Session (Choose up to 2 Sessions)

Minimally Invasive Surgical Approaches to Atrial Fibrillation  
 Session I, 8:00 am – 9:45 am |  Session II, 10:15 am – 12:00 pm

Minimally Invasive Aortic Valve, Ascending/Arch and Hybrid Endovascular Thoracic Aortic Surgery  
 Session I, 8:00 am – 9:45 am |  Session II, 10:15 am – 12:00 pm

Transcatheter Aortic/Mitral Valve Replacement: In the Surgical Domain  
 Session I, 8:00 am – 9:45 am |  Session II, 10:15 am – 12:00 pm

#### Afternoon Session (Choose up to 2 Sessions)

Minimally Invasive Robotic and Coronary Surgery  
 Session I, 1:30 pm – 3:15 pm |  Session II, 3:45 pm – 5:30 pm

Minimally Invasive Mitral Valve Surgery  
 Session I, 1:30 pm – 3:15 pm |  Session II, 3:45 pm – 5:30 pm

Imaging for Transcatheter Therapies: Eyes of the "Surgeon Interventionist"  
 Session I, 1:30 pm – 3:15 pm |  Session II, 3:45 pm – 5:30 pm

TOTAL CHARGES = \$ \_\_\_\_\_ \*All Fees Quoted & Payable in USD

### EVENT: Attendee Reception June 15<sup>th</sup> | Tickets \$50 per person

TOTAL CHARGES = \$ \_\_\_\_\_ \*All Fees Quoted & Payable in USD

#### PAYMENT INFORMATION:

- WIRE TRANSFER – Please call our offices at +978.927.8330 for wiring information  
 Check amount enclosed: \$ \_\_\_\_\_

CREDIT CARD      

Amount to be charged: \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code (3-4 numbers on front or back of card) \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

- Please check if credit card billing address is same as contact information at the top of the form.  
 Billing address if different than above: \_\_\_\_\_

Return Email: [industry@ismics.org](mailto:industry@ismics.org) Or Mail to ISMICS, 500 Cummings Center, Suite 4400 | Beverly, MA 01915 USA

**DO NOT EMAIL full credit card information.** Form must be faxed if credit card number is showing via **978.524.0461**. If you prefer to email please leave out the credit card number and in that space write your phone number and we will call you.