

Heart Failure 2017

An Update on Therapy

Saturday, April 22, 2017 Millennium Biltmore Hotel, Los Angeles

MILLENNIUM BILTMORE HOTEL

506 South Grand Avenue
Los Angeles, CA 90071
(213) 624-1011

Special Group Rate Available until March 31:

A limited number of guest rooms are available for a rate of \$205 Single/Double and \$255 Club Rooms plus occupancy tax of 15.55% and overnight parking. Reservations must be guaranteed by a major credit card. Cancellations without penalty must be made 36 hours prior to your arrival. **If you call the hotel directly to book your room, specify that you're attending the 21st Annual Heart Failure 2017 Symposium. For online reservations use the hotel link on the symposium website (registration also available).**

LAHeartFailure.com

PARKING

Valet parking for overnight guests is \$45. Overnight self-parking at Pershing Square is \$17. Self parking on Saturday is available for \$10 in the Pershing Square Lot. Valet parking at the Biltmore is \$22 for the day.

CANCELLATIONS

Because of advance planning requirements, a full refund less a \$50.00 processing fee will be given if you cancel in writing and postmark by **March 22, 2017**. No refunds will be given after March 22, 2017.

CONFERENCE SECRETARIAT

Complete Conference Management

3320 Third Avenue, Suite C
San Diego, CA 92103
Ph. 619-299-6673

REGISTRATION FEES

	Early Bird on or before Feb. 27, 2017	Pre-Registration Feb. 28 - Apr. 3, 2017	On-site Registration After Apr. 3, 2017
Physician	\$130	\$150	\$160
Nurse / Allied Health	\$100	\$120	\$130
Student/Fellow (with letter of verification)	\$50	\$50	\$50

Registration includes morning coffee, lunch, coffee breaks, syllabus and CME certificate. Confirmation and directions will be sent by email. **Pre-registration with payment is required to secure lower tuition rate. Please enroll early as registration is limited. Register online at: LAHeartFailure.com**
Symposium will not refund travel costs in the event of a course cancellation.

REGISTRATION FORM

Name _____
Last First MI Title

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

Email Address _____

Professional Specialty _____ Special Needs for Disabled _____

Yes, I will attend the Saturday Product Theater Breakfast session.

Yes, I will attend the Saturday Product Theater Lunch session.

Yes, I will attend the Saturday Product Theater Evening session.

CHECK PAYMENT

Make your check or money order payable to:

**Foundation for Heart
Failure Education, Inc.**

MAIL FORM TO:

Complete Conference Management
3320 Third Avenue, Suite C
San Diego, CA 92103

FAX TO:

619-299-6675

CREDIT CARD PAYMENT – (Visa, Mastercard, American Express and Discover **ONLY**)

Card # _____ Security Code _____

Name on Card _____ Exp. Date _____

Billing Address _____

Amount \$ _____ Signature _____