

Heart Failure 2020

An Update on Therapy

Saturday, August 1, 2020 Millennium Biltmore Hotel, Los Angeles

MILLENNIUM BILTMORE HOTEL

506 South Grand Avenue
Los Angeles, CA 90071
213-612-1575 (Reservations)

Special Group Rate Available until Feb. 29:

A limited number of guest rooms are available for a rate of \$235 Single/Double 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 24th Annual Heart Failure 2020 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. *Parking rates subject to change.*

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 **July 10, 2020**. No refunds will be given after July 10, 2020.

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 Jan. 31, 2020	Pre-Registration Feb. 1 - Mar. 2, 2020	On-site Registration After Mar. 2, 2020
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.

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 _____