



# Baltimore

## Cardiology and Rehabilitation Conference

October 18, 2008 | Towson, Maryland

### Registration Form

#### Personal Information

Title  Mr.  Mrs.  Ms.  Dr.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Employer/Institution

Home Address  Work Address

\_\_\_\_\_  
City State Zip Code

Home Phone  Work Phone Fax

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Highest Degree Earned

\_\_\_\_\_  
College/University of Degree

#### Career Information

- |   |  |
|---|--|
| <input type="checkbox"/> Physician        | <input type="checkbox"/> Exercise Physiologist |
| <input type="checkbox"/> Nurse            | <input type="checkbox"/> Fitness Specialist    |
| <input type="checkbox"/> Educator         | <input type="checkbox"/> Nutritionist          |
| <input type="checkbox"/> Personal Trainer | <input type="checkbox"/> Physical Therapist    |
| <input type="checkbox"/> Student          | <input type="checkbox"/> Other _____           |

#### Will you need parking?

- Yes  No

#### Are you planning to take the ACLS re-cert?

- Yes  No

#### Will you need any special provisions?

- Yes  No

#### Payment Information

- \$99 Early-Bird Registration  
 \$119 General Registration (after September 19, 2008)  
 \$59 Student Registration (Documentation Required)  
 \$30 Single Presentation Registration

#### Continuing Education Credit Type

- Nursing  
 Certificate of Attendance

**Mail completed registration form and check or money order payable to Towson University to:**

**Towson University Wellness Center  
Administration Building, Room 113  
8000 York Road  
Towson, Maryland 21252**

*Cancellation Policy: All cancellations must be made in writing. A full refund, minus a \$15 administration fee will be charged for cancellations received prior to October 8, 2008. No refunds will be made after this date. All refunds will be issued after the conference.*