



THORACon™

Current Medical and Surgical Management of
Esophageal Diseases



REGISTRATION

Last Name: _____ **First Name:** _____

Title: _____ MD PhD DO RN Other _____

Specialty: _____

Affiliation/Institution: _____

Address: _____

City, State/Province _____ **Postal Code/Country** _____

Telephone _____

E-mail (Required):

Registration Fees:

- | | |
|---|--------|
| <input type="checkbox"/> Physicians (MD, DO) | \$50 |
| <input type="checkbox"/> Non-Physician (PA, PhD, Other Allied Health) | \$25 |
| <input type="checkbox"/> Residents, Fellows, and Medical Students | \$Free |
| <input type="checkbox"/> General Public | \$25 |

Currently THI CME Office staff all working from home; therefore, only credit card payments are accepted at this time.

Visa MasterCard AmEx Discover

CC # _____ **Exp. Date** _____

****Send the registration form to the following email:**

cme@texasheart.org

CANCELLATION POLICY

Norefund will be made for those who register but do not attend. Texas Heart Institute reserves the right to cancel this symposium if registration is deemed insufficient.