

# WEBINAR REGISTRATION

All webinars begin at 1:00 pm (eastern standard time). Registrant will receive an outline confirming attendance. One-two days prior to the webinar, registrant will receive presentation along with call-in information for accessing webinar and to ensure browsers work properly. Only paying registrants will receive continuing education units and certificates accordingly.

Registrant: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## SESSIONS (please indicate number registering in boxes below)

- January 22 – AORTIC VALVE DISEASE -- This session provides an intermediate level approach to understanding the evidence based practice guidelines for the management of the patient with aortic valve disease. Session will look at aortic stenosis in detail as well as aortic regurgitation.
- January 23 – MITRAL VALVE DISEASE -- This session provides an intermediate level approach to understanding the evidence based practice guidelines for the management of the patient with mitral valve disease. Session will look at mitral stenosis and mitral regurgitation
- January 24 – ATRIAL FIBRILLATION -- This session will review the current evidence based practice guidelines for the management of the patient with atrial fibrillation. Session will cover the classification of atrial fibrillation, mechanism of the arrhythmia, current guidelines, pharmacological treatment options and invasive treatment options.

## FEES

Member @ \$25 \_\_\_\_\_ x \$25 = \_\_\_\_\_

Nonmember @ \$50 \_\_\_\_\_ x \$50 = \_\_\_\_\_

## Membership in ACVP – Special Webinar Registration Rates!!

- Individual – All Specialties = \$52.50 (regularly \$105)      Quantity: \_\_\_\_\_
- Institutional – up to 10 team members - \$500 with all individual fees waived
- Institutional – up to 25 team members - \$1000 with all individual fees waived


## Payment Information


Check/Money Order       PO Number       Credit Card (MC; Visa; Amex)

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

 Mail payment to: ACVP -- P.O. Box 2007; Midlothian, VA 23113

 Fax: 804.639.9212

 Phone Registration: 804.632.0078

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