



INTERNATIONAL ACADEMY OF CARDIOLOGY  
ANNUAL SCIENTIFIC SESSIONS 2014  
19th WORLD CONGRESS ON  
**HEART DISEASE**  
BOSTON, MA, USA, July 25-28, 2014

## REGISTRATION FORM

INTERNATIONAL ACADEMY OF CARDIOLOGY  
ANNUAL SCIENTIFIC SESSIONS 2014  
19th WORLD CONGRESS ON HEART DISEASE  
PO Box 17659, Beverly Hills, CA 90209, USA  
Tel: +1 310 657 8777,

**Please complete and return as follows**  
Fax: +1 310 659 4781 or email: klimedco@ucla.edu

Family Name \_\_\_\_\_

First Name/s \_\_\_\_\_

Title:       Prof.               Dr.               Mr.               Ms.

Institution \_\_\_\_\_

Department \_\_\_\_\_

Full Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

email \_\_\_\_\_

### REGISTRATION FEES

	up until March 31, 2014	from April 1 - April 30	from May 1 - June 15	after June 15, 2014
Participant	US\$ 495.-	US\$ 585.-	US\$ 660.-	US\$ 780.-
Nurse, Technician, Trainee * Student **	US\$ 380.-	US\$ 480.-	US\$ 560.-	US\$ 675.-
Farewell Dinner (optional)	US\$ 110.-	US\$ 110.-	US\$ 110.-	US\$ 110.-
Get-Together Reception cost for Accompanying Person(s)	US\$ 60.-	US\$ 60.-	US\$ 60.-	US\$ 60.-

\* letter of verification required

\*\* valid student card required

A project of: CARDIOLOGY ONLINE

INTERNATIONAL ACADEMY OF CARDIOLOGY, PO Box 17659, Beverly Hills, CA 90209, USA,  
Tel: +1 310 657 8777 • Fax: + 310 659 4781 • E-mail: klimedco@ucla.edu • Website: www.CardiologyOnline.com



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**PAYMENT DETAILS**

Enclosed please find **cheque** in the amount of US\$ \_\_\_\_\_  
payable to **International Academy of Cardiology**

**Credit Card –**

Charge US\$ \_\_\_\_\_ to **credit card** as below:

American Express     Diners Club     MasterCard     Visa

Credit Card No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

CVV Code (Security Code): \_\_\_\_\_

Cardholder Name or Company \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

State/Province \_\_\_\_\_

Credit Card Contact Phone Number \_\_\_\_\_

**Name as shown on card**

Family Name \_\_\_\_\_

First Name/s \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Bank Transfer**

For bank transfer details please contact the Secretariat at [klimedco@ucla.edu](mailto:klimedco@ucla.edu)