

Advances in Cardiovascular Risk Reduction
Thursday, May 11, 2017

After 12 pm on May 9, 2017, only onsite registration is available, provided the course has not reached capacity. Onsite registrants will incur an additional \$20 fee. **Course Confirmation:** Please supply your e-mail address to receive a confirmation letter. Make sure your e-mail address is clearly written.

PLEASE PRINT ALL INFORMATION CLEARLY IN BLOCK LETTERS AND NUMBERS

Name _____

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(REQUIRED FOR CME CREDIT)

- Full Fee: \$175 Reduced Fee*: \$95 Outside Residents, Fellows & Students: \$60
 NYU Langone/NYU Lutheran Residents & Fellows: Waived (Must provide valid NYU Langone ID)

* Reduced fee applies to NYU Langone/NYU Lutheran faculty & Staff; non-physician healthcare professionals; NYU School of Medicine alumni, former residents & fellows; physicians employed by the Department of Veterans Affairs Medical Center; full-time active military personnel; & retired physicians.

Refund Policy: In order to request a refund, you must email maria.mercado@nyumc.org no later than 14 days prior to the first day of the course. An administrative fee of \$75 will be deducted from your refund. Cancellations or no-shows after this date are not eligible for a refund. Registration is non-transferrable.

Course Cancellation Policy: If a course is cancelled due to inclement weather, insufficient enrollment, or any other reason, NYU PGMS will refund registration fees in full. NYU PGMS will provide at least 2 weeks' advance notice if cancelling due to insufficient enrollment and as soon as possible in all other circumstances. NYU PGMS is not responsible for any airfare, hotel, or other non-cancellable costs incurred by the registrant.

Methods of Payment: Cash, email and phone registration are not accepted. If faxing, do not mail or refax, this will only result in a duplicate charge to your account. Registration is non-transferable.

- Check in U.S. Dollars \$ _____
 Credit Card Payment (see to the right)
 International Postal Money Order
(Foreign registrants, including those from Canada, must pay by International Postal Money Order or credit card.) \$ _____

Make check payable to:
NYU Post-Graduate Medical School

Send to:
NYU Post-Graduate Medical School
P.O. Box 419252
Boston, MA 02241-9252

Credit card payments may be faxed to (212) 263-5293

Bill to: Visa MasterCard American Express

Credit Card Number:

Card Member's Name (please print):

Amount to be charged: \$ _____ Exp Date: _____

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Signature: _____

Special needs or requests: _____