

**30<sup>TH</sup> ANNUAL  
CARDIOTHORACIC SURGERY SYMPOSIUM**

**March 4 – 7, 2010  
Newport Beach Marriott • Newport Beach, California**

*Return this form (or photocopy) with payment to:*

**CREF 2010**  
**475 W. Stetson, Ste. T, #388**  
**Hemet, CA 92543**  
951.765.2573 (phone) • 951.765.2576 (fax)  
cref@amainc.com • www.amainc.com

Check one:	On or before Feb. 15, 2010	After Feb. 15, 2010
<input type="checkbox"/> Physicians & Biomedical Professionals	\$425	\$450
<input type="checkbox"/> Nurse/Perfusionist	\$375	\$400
<input type="checkbox"/> Resident/Fellow	\$275	\$300

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name (Surname) \_\_\_\_\_  
*(as you wish it to appear on your badge)*

Nickname \_\_\_\_\_ Degree(s) \_\_\_\_\_ Medical Lic. # \_\_\_\_\_ **OR**

Last 5 digits of SSN \_\_\_\_\_ Specialty \_\_\_\_\_

Department \_\_\_\_\_

Institution/Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Country \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Visa     MasterCard *(only)*

Name printed on card \_\_\_\_\_

Billing address of card \_\_\_\_\_

Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature \_\_\_\_\_

Make checks payable to CREF (Tax ID #330668049) in US funds. Please use only one form per registrant. Refunds less \$100 administrative fee will be made only if written notice is received before January 22, 2010.