

# CRT2011

FEBRUARY 27 - MARCH 1  
OMNI SHOREHAM HOTEL  
WASHINGTON DC

## REGISTRATION

### THERE ARE THREE WAYS TO REGISTER:

On the Web:  
www.CRTmeeting.org  
By Fax:  
(202) 877 - 8141  
(202) 877 - 8579

By Mail: CRT 2011  
Washington Hospital Center  
110 Irving Street, NW  
Suite 6-D  
Washington, DC 20010

Advance registrations will not be accepted after February 22, 2011. After this date, registration will only be available on-site for an additional fee of \$75. Please register early. Registrations will not be accepted by telephone. For more information, call (202) 877-3200 or email CRTmeeting@gmail.com

### PLEASE PRINT BELOW:

FIRST NAME (GIVEN NAME)	MIDDLE INITIAL	LAST NAME (FAMILY NAME)	SUFFIX	TODAY'S DATE	
DEGREE		HOSPITAL/COMPANY/ORGANIZATION			
ADDRESS	STREET	SUITE OR APT#			
CITY	STATE	ZIP CODE	COUNTRY		
DAYTIME TELEPHONE (COUNTRY CODE/CITY CODE/NUMBER)		FAX (COUNTRY CODE/CITY CODE/NUMBER)			
EMAIL ADDRESS (REQUIRED)					
SPECIAL NEEDS	<input type="checkbox"/> KOSHER	<input type="checkbox"/> VEGETARIAN	<input type="checkbox"/> WHEELCHAIR	<input type="checkbox"/> VEGAN	<input type="checkbox"/> GLUTEN FREE
VISA APPLICANTS ONLY	<input type="checkbox"/> LETTER OF INVITATION NEEDED				

### REGISTRATION CATEGORY (check one):

REGISTRATION TYPE	PHYSICIAN	ALLIED HEALTH PROFESSIONAL	CATH LAB MANAGER	FELLOW	SCIENTIST	INDUSTRY PROFESSIONAL	ACCEPTED ABSTRACT SUBMITTER	REGULATORY AGENCY EMPLOYEE*
FULL MEETING	<input type="checkbox"/> \$800 - \$1,100*	<input type="checkbox"/> \$590*	<input type="checkbox"/> \$590	<input type="checkbox"/> \$590	<input type="checkbox"/> \$590	<input type="checkbox"/> \$990	<input type="checkbox"/> \$495	<input type="checkbox"/> \$350
SUNDAY ONLY	<input type="checkbox"/> \$500	<input type="checkbox"/> \$295	<input type="checkbox"/> \$295	<input type="checkbox"/> \$295	<input type="checkbox"/> \$295			<input type="checkbox"/> \$150
MONDAY ONLY			<input type="checkbox"/> \$150					
SUNDAY & MONDAY ONLY			<input type="checkbox"/> \$310					

\*Proof of government regulatory agency status is required for special discount (US FDA or NIH only).  
\*Specified full meeting registrants will receive a complimentary one-year subscription to CRM Journal.

### PAYMENT:

- Check Enclosed (Please make checks payable to "WHC - CRT 2011")  
 Credit Card (Please fill out all fields below - Charges on statement will appear as "CMEQT")

### PLEASE INDICATE CARD TYPE:

- American Express  Visa  Mastercard

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

Name of Cardholder: \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXP. DATE: MONTH/YEAR \_\_\_\_\_ CCV NUMBER\* \_\_\_\_\_ TODAYS DATE (DAY/MONTH/YEAR) \_\_\_\_\_

### NEW FOR CRT 2011 - EARLY REGISTRATION DISCOUNT FOR PHYSICIANS ONLY

This year we are giving physicians an extra incentive to register early: the earlier you register, the lower the registration fee.

October 31, 2010 - **\$800**

November 30, 2010 - **\$900**

December 31, 2010 - **\$1,000**

January 1 - February 22, 2011 - **\$1,100**

**CANCELLATION POLICY:** CANCELLATION POLICY: Cancellations made in writing by December 1, 2010 will be refunded less a \$150 administrative fee. Cancellations made between December 2, 2010 and December 31, 2010 will be subject to a 50% penalty. No refunds will be given after December 31, 2010. Cancellations will not be accepted by telephone.

\***CCV NUMBER:** The CCV number is a 3-digit non-raised number printed on the back of the credit card in the right hand corner of the signature strip. AMEX card CCV numbers are 4-digits long and are on the front of the card.