

California Perfusion Society
25th Annual Tahoe Fall Symposium

September 12-14, 2008
Lake Tahoe, Nevada

Name _____

Address _____

City, State, Zip _____

DayTime Phone _____

Email address: _____

	Before Sept 1 th	On-Site Registration	Check all that apply
<input type="checkbox"/> Perfusionist	300.00	400.00	___ Perfusionist ___ Physician Assistant
<input type="checkbox"/> Non-Perfusionist	250.00	300.00	___ RN ___ Perfusion Assistant
<input type="checkbox"/> Student	75.00	100.00	___ Physician ___ Other: _____

Registration includes: Continental breakfast, refreshments, Friday night and Saturday night on-site events

Please remit United States funds drawn on a U.S. bank or Money order for appropriate amount.

Make checks payable to California Perfusion Society and send to:

Robert Smith, RN, CCP
1637 Wright Ave.
Sunnyvale, CA 94087-5251
408-737-8894

Refund Request must be received
in writing by September 1, 2008