



Advance Registration Form

Twenty-Third Annual Scientific Meeting & Exposition
 New Orleans Marriott, New Orleans, LA
 May 14-17, 2008



Registrant Information:

First Name _____ Last Name _____ Degree(s) _____

Affiliation _____

Address _____

City _____ State/Province _____ Postal Code _____ Country _____

Phone _____ Fax _____

E-mail (please write very legibly) _____ Membership ID# _____

***Please indicate (required field):**

Physician Specialty

Cardiology Endocrinology Nephrology

Family Practice Internal Medicine Pediatrics Other: _____

Nurse/Nurse Practitioner

Pharmacist Other: _____

Physician Assistant Check here if you have any special needs or requirements - we will contact you.

Meeting Registration: (Please check one option below and circle appropriate fee)

	<u>On or Before April 15, 2008</u>		<u>After April 15, 2008</u>	
	ASH Member	Non-Member	ASH Member	Non-Member
<input type="checkbox"/> Hypertension Highlights 2008 <i>Wednesday, MAY 14 only</i> - fee includes admission to Hypertension Highlights, Exhibits, Satellite Symposia, Poster Presentations, and Social Events	\$125	\$150	\$150	\$175
Full Meeting Registration				
<input type="checkbox"/> MD	\$500	\$600	\$600	\$700
<input type="checkbox"/> PhD	\$500	\$600	\$600	\$700
<input type="checkbox"/> Industry Professional	\$500	\$600	\$600	\$700
<input type="checkbox"/> Pharma/RN/PA/NP	\$225	\$300	\$300	\$375
<input type="checkbox"/> In-Training	\$100	\$200	\$150	\$250
<i>Wednesday, MAY 14 thru Saturday, MAY 17</i> - fee includes admission to Hypertension Highlights, Exhibits, Satellite Symposia, Plenary Sessions, Scientific Sessions, Meet the Experts, Poster Presentations, and all ASH Social Events				
<input type="checkbox"/> Primary Care Clinician Curriculum <i>Friday, MAY 16 thru Saturday, MAY 17</i> - fee includes admission to Primary Care Clinician Curriculum, Exhibits, Satellite Symposia, Plenary Sessions, Scientific Sessions, Poster Presentations, and all ASH Social Events	\$250	\$250	\$300	\$300

Payment Computation:

Registration fee \$ _____

VISA MasterCard American Express

Cardholder's Name _____ Exp. Date _____

Credit Card Number _____ Card Verification Code _____

Cardholder's Signature _____

Payment Information: NO CASH OR BANK TRANSFERS. Registration may be paid with VISA, Mastercard, American Express, check or money order. Checks and money orders must be drawn on American banks and in U.S. Dollars.

Make check payable to: The American Society of Hypertension, Inc.

Mail to: ASH 2008 Registration
779 East Chapman Road
Oviedo, FL 32765

Questions? Call: US & Canada: 800.292.8130
(Operators available from 9:00 AM to 6:00 PM EST)
International Registrants: 407.971.4480 • Fax: 407.366.4138
or E-mail: ASH2008reg@regmaster.com
(Questions only; For on-line registration visit www.ash-us.org)