



**TSSCVPR**

Tri-State Society for Cardiovascular  
and Pulmonary Rehabilitation

## TSSCVPR 2019

### 35<sup>TH</sup> Annual Symposium registration:

*TRANSLATING TODAY'S KNOWLEDGE INTO TOMORROW'S EXCELLENCE*

#### REGISTRATION OPTIONS:

| <i>Cost</i>     | <i>*Member</i>                   | <i>Non-member</i> | <i>**Student</i> |
|-----------------|----------------------------------|-------------------|------------------|
| Through 3/15/19 | <input type="checkbox"/> \$ 160- | \$215-            | \$60-            |
| Through 3/30/19 | <input type="checkbox"/> \$ 175- | \$225-            | \$60-            |
| Day of Event    | <input type="checkbox"/> \$ 190- | \$235-            | \$70-            |

\*You must be an active member to receive the membership rate. Go to TSSCVPR website and log in to members section. If you cannot log in your membership has expired.

\*\*Students must be full time.

PLEASE SEE WEBSITE FOR STUDENT POLICY AND CANCELLATION POLICY

**Please complete all starred items\***

\*Name: \_\_\_\_\_

\*Home Address: \_\_\_\_\_

Organization/Hospital Name: \_\_\_\_\_

\*Cell phone: \_\_\_\_\_

\*Email: \_\_\_\_\_

\*(The following information is necessary if you are seeking education credits for this meeting)

RN License #: \_\_\_\_\_

ACSM Certification #: \_\_\_\_\_

AARC # \_\_\_\_\_

NA: \_\_\_\_\_

\*I will be attending the Friday night Speed Topics

Yes  No

#### More information:

If you are printing and mailing this registration form: please fill in the form, print, and make check payable to: TSSCVPR. Send check to:

Pam Lowe

16898 Beaverdam Road

Ellendale, DE 19941

For questions/membership information email: [plowe@beebehealthcare.org](mailto:plowe@beebehealthcare.org)