



4th Annual

MS ADVANCED INNOVATIONS IN HEART FAILURE

Cases, Controversies and State-of-the-Art Update in Heart Failure and Advanced Cardiac Care

Badge Form

Please provide us with the names of the individuals who will be representing your company by completing and returning this form prior to **Friday, September 27th**.

- 6' Table Top Exhibit 3 Complimentary Full Meeting Badges
- 10' x 10' Exhibit 6 Complimentary Full Meeting Badges

COMPANY NAME _____

STAFFING

The following representatives will be attending the **Mount Sinai Advanced Innovations in Heart Failure**. Please write their names as they should appear on their badge:

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

**Please attach a separate sheet for additional badges required.*

Additional badge fee at \$200.00 each: \$ _____

• **Please make checks payable to:**
Gaffney Events Educational Trust
 C/O 2019 MS Advanced
 27322 NE 143rd PL
 Duvall, WA 98019
 Tax ID# 47-3109028

• **Please mail checks to:**
GAFFNEY EVENTS
 Attn: Tricia Gaffney
 27322 - NE 143rd Place
 Duvall, WA 98019



Payment Via Credit Card: **Please note a 3% Service charge will be added*

Visa MasterCard American Express

NAME AS IT APPEARS ON CARD: _____

CREDIT CARD NUMBER: _____ CVC#: _____ EXP. DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Authorized Company Representative:

SIGNATURE: _____ DATE: _____