

REGISTRATION FORM



2006.7.14-7.16

The 4th China Atrial Fibrillation Symposium(CAFS)

MAIL OR FAX REGISTRATION FORM AS SOON AS POSSIBLE TO: THE
4th CHINA ATRIAL FIBRILLATION SYMPOSIUM 2006: DEPARTMENT OF
CARDIOLOGY, NO.222 ZHONGSHAN ROAD, DALIAN, CHINA
POSTALCODE:116011 ADDRESSEE:YANZONG YANG

FAX:+86-411-83622844 E-MAIL: caf_symposium@yahoo.com.cn

Registration deadline: Jun 5,2006

If the form is not fully completed, we will not be able to process your registration

Last name	First name	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms
Address		
Zip/postal code	City	Country
Phone	Fax	
E-mail		
You specialization is: (mandatory to process your application) <input type="checkbox"/> Interventional cardiologist <input type="checkbox"/> Interventional radiologist <input type="checkbox"/> Cardiologist <input type="checkbox"/> Radiologist <input type="checkbox"/> Cardiac surgeon <input type="checkbox"/> Vascular surgeon <input type="checkbox"/> Research <input type="checkbox"/> Nurse <input type="checkbox"/> Press <input type="checkbox"/> Technician <input type="checkbox"/> Financial analyst <input type="checkbox"/> Industry <input type="checkbox"/> Other:		
Lodging <input type="checkbox"/> Yes _____		<input type="checkbox"/> No