



November 1-3

2019

Advance
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www.mnperfsoc.org

Name _____ Phone _____

Address _____ City _____ State _____

Email _____ Employer/Affiliation _____

Credentials CCP CP Perfusion Student Other: _____

Meeting Information

**2019 Fall Cardiovascular Perfusion Practice & ECLS Patient Management Meeting
November 1-3, 2019
Double Tree by Hilton, Rochester, MN**

Will you be attending the 2018 Fall meeting? Yes: _____ No: _____

Will you be paying onsite? Yes: _____ No: _____

Registration Fees

Perfusionist/Medical Professional: **\$175.00** Student/Retired Perfusionist: **\$50.00** Vendor: **\$600.00**

Vendor fee includes ONE attendee. If more than ONE vendor representative, please register additional attendees for \$175.00.

**Registrations received AFTER October 19, 2019 will increase \$25.00.
No additional fee will incur if you RSVP to mnperfsoc@gmail.com prior to the deadline.
Registration via check or credit card is available onsite.**

Total Fees Paid: \$ _____ **Method (circle):** PayPal Check Cash

If payment method is other than PayPal please return this form along with payment to:

Minnesota Perfusion Society
C/O Caitlin Blau
1576 Echo Ridge St SW
Rochester, MN 55902

Double Tree by Hilton
150 South Broadway
Rochester, Minnesota, USA, 55904

Tel: +1 507 281 8000

Ask for the MPS Meeting Group Rate!