

Boston Atrial Fibrillation Symposium

January 15-17, 2009

Attendance Sheet

Thursday, January 15, 2009

Afternoon Session 12:30 PM – 6:00 PM

Friday, January 16, 2009

Morning Session 7:15 AM – 1:20 PM

Afternoon Session 1:30 PM – 6:00 PM

Saturday, January 17, 2009

Morning Session 7:30 AM – 12:20 PM

Afternoon Session 1:20 PM – 4:55 PM

Signature_____

Print Name_____

CME will be sent to the address under which you have registered.

You will NOT receive CME's if we are unable to read this form

Please fax this form to 603 578 9666 or email it to:

muriel.corcoran@gmail.com

All questions should be directed to the email address above.