



9th ANNUAL SCIENTIFIC SESSIONS OF THE CARDIAC NEURODEVELOPMENTAL OUTCOME COLLABORATIVE

November 18-20, 2020

Brought to you in virtual format in collaboration with **Texas Children's Hospital**

One form per registrant. PLEASE PRINT ~ ALL FIELDS ARE REQUIRED

Name _____
Last Name First Name Middle Initial Credentials

Mailing Address _____

City _____ State _____ ZIP _____

Institution _____ City/State _____

Position or Title _____ Specialty _____

Office Phone () _____ Alternate Phone () _____

Email* _____ **E-mail required for confirmation.*

If you have not received a confirmation email within seven days of submitting this form, contact cnoc@cardiacneuro.org.

REGISTRATION FEES	Through October 28	After October 28	All fees in USD
Doctoral level attendees (e.g., MD, DO, PhD, PsyD)			
• Members	\$125	\$175	\$ _____
• Non-members	\$150	\$200	\$ _____
Bachelor/Master's level professionals & Students/Trainees			
• Members	\$100	\$150	\$ _____
• Non-members	\$125	\$150	\$ _____
Patients & Family Members			
• Patient/Family Members attending Joint CNOc & Mended Little Hearts session only (19 Nov at 7-9pm ET) <i>Enter code provided by Mended Little Hearts (MLH)</i>	Complimentary with code	Complimentary with code	Code: _____
• Patient/Family Members attending any or all other conference sessions	\$20	\$20	\$ _____
Delegates from a World Bank-defined Low and Middle Income Country (LMIC) <i>This registration fee does not include continuing education credits, although you will be able to print a Certificate of Attendance. Documentation of residence/work place required (e.g., a photo ID). Please scan/mail/fax with registration.</i>	\$40	\$40	\$ _____
TOTAL AMOUNT DUE: \$ _____			

I have read and agree to the **Refund Policy**: 80% refund through 10/28/20; no refunds after 10/28/20. Refunds will be determined by the date the written cancellation request is received. All cancellations must be in writing. Contact CNOc headquarters with any questions.

Payment in USD

Check (US currency) payable to CNOc Credit Card Payment: VISA MasterCard Discover AMEX

Credit Card No. _____ Exp. Date _____ CVV Security Code _____

Billing Address _____ Billing Zip Code _____

Signature _____ Printed Name on Card _____