



2nd Annual
New England Perfusion
Symposium
Saturday, April 30, 2016
Water's Edge Resort & Spa
Westbrook, CT

Registration Form

Name: _____

Address: _____

Phone: _____

Email: _____

Hospital: _____

Registration Fee: please circle one

Pre-Registration: \$100.00 **On-Site Registration: \$140.00** **Students: FREE**
(must be received by April 22nd)

Please make check payable to “**Connecticut Society of Perfusion**”.

Please mail check and registration form to the following:

Quinnipiac University
c/o Michael Smith
MNH-207-K
275 Mount Carmel Ave.
Hamden, CT 06518