



4th Annual
New England Perfusion
Symposium

Saturday, April 28, 2018

The Newport Harbor
Hotel & Marina
Newport, RI

Registration Form

Name: _____

Address: _____

Phone: _____

Email: _____

Hospital: _____

Registration Fee: please circle one

Pre-Registration: \$100.00 On-Site Registration: \$140.00 Students: FREE

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