



# 47<sup>th</sup> Annual Meeting

## October 27-28, 2019

Loews O'Hare | Chicago, Illinois



### MAILING LIST ORDER FORM

The final pre-registration list is available in Excel format via email on a one time, one use basis after **October 12, 2019**. The fee is \$100.00. You may also order the Final Registration list which will be sent out approximately 1 week after the end of the meeting. Payment and a copy of your mail piece must be included with order form and sent to:

**Congenital Heart Surgeons Society**  
 500 Cummings Center, Suite 4400, Beverly, MA 01915  
 Telephone: 978-927-8330, Fax: 978-524-0461  
[industry@chss.org](mailto:industry@chss.org)

- Pre registration list \$100.00
- Final registration list \$100.00

TOTAL CHARGE: \_\_\_\_\_

Please charge my      

Card # \_\_\_\_\_ Sec. Code \_\_\_\_\_ Exp \_\_\_\_\_

**Secure Fax: + 978.524.0461 *This form must be faxed if credit card number is showing. DO NOT EMAIL.***

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

I understand by ordering the list(s), I will use them once and will not reproduce them. Please note that this list is seeded to detect unauthorized use and may be used for this mailing only. If unauthorized use is found, a \$1,000 fee will be imposed.

**Contact Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Telephone*

***I understand that this list is not to be shared and is the property of the CHSS. Once the mailing is complete, the list will be discarded. I understand that if my company violates these terms, my client will be penalized.***