

## **Continuing Medical Education/Continuing Education Certificate Request Form**

please comp	•	ment, if applicable, to	Society activity offering CME/CE credit, the Heart Rhythm Society:  processing.)	
Heart Rhyth	m Society Member	Yes (free process	sing) No (\$25 processing fee)	
Activity Title	you are requesting duplic	cate certificate for:		
Date of activ	vity (MM/DD/YYYY):			
Number of (	CME/CE Credits claimed:		Maximum credit allowed	
Name (as it	should appear on certifica	te):		
Address:				
City:		State:	ZIP:	
Phone:		Fax:	Email:	
Payment Inf	formation – (Non-Membe	rs Only)		
	ose \$25.00 payment for du Payment (Note: Full payme	•	_	
Check Er	nclosed (please make chec	k payable to Heart Rhy	thm Society)	
Charge n	ny credit card:   Maste	rCard Uisa	American Express	
Name on Cr	edit Card:	Card #:	Expiration Date:	
Signature:				
Please allow Society:	2-4 weeks for processing	. For questions and/or	additional information, please contact the	!
Mail:	Heart Rhythm Society Attn: Education Departn	nent	Email: <u>info@hrsonline.org</u> Phone: 202 464-3400	

Fax: 202 464 3401

Attn: Education Department 1325 G Street, NW Suite 400 Washington DC 20005