

SUBMIT THIS INFO SHEET WITH YOUR ABSTRACT OR CASE STUDY

The submission deadline is **Friday, Oct. 20, 2017**. Please be sure to upload your documents, including this application, by this date.

NAME OF APPLICANT (Please Print Clearly)

NAME OF INSTITUTION (Please Print Clearly)

CONTACT INFORMATION (Please Print Clearly – Note: Information must be accurate in October, November and December 2017 in order for us to communicate the competition results to you)

MAILING ADDRESS (Please Print Clearly)

EMAIL ADDRESS (Please Print Clearly)

TELEPHONE NUMBER

FOR CASE PRESENTATIONS ONLY:

The cardiology mentor signing this form is expected to discuss this case during the Scientific Session on Thursday, Dec. 7, 2017, in New York City.

NAME OF CARDIOLOGY MENTOR (Please Print Clearly)

SIGNATURE OF CARDIOLOGY MENTOR