Second Joint Meeting of the
Congenital Heart Surgeons Society and
The European Congenital Heart Surgeons Association

September 10-12, 2008
Warsaw, Poland

DEADLINE: FRIDAY, MAY 30, 2008

SUBMISSION FORM

(please type or print clearly)

I Will Be Submitting A (check one): ☐ Paper ☐ Case ☐ Video

Title of Paper/Case/Video: _____

_____

_____

Presenter: _____ CHSS Member _____ Non Member _____

If you are a Non Member, please list a CHSS Member to Sponsor you: _____

Mailing Address: _____
(Affiliation or institution) (Department)

_____
(Street) (City) (State) (Zip)

Telephone: _____ Fax: _____ Email: _____

PLEASE NOTE: This year we are requesting that you include an abstract with this submission form. This abstract will NOT be published and will only be utilized to assist the Program Committee in selecting the program for the Annual Meeting.

UNLESS OTHERWISE INDICATED, ALL CORRESPONDENCE WILL BE CONDUCTED WITH THE PRESENTER.

Mail submissions to: Erle H. Austin, M.D.
Chair, CHSS Program Committee
900 Cummings Center, Suite 221-U
Beverly, MA 01915

OR fax to: 978-524-0498

OR email to: aconti@prri.com

For additional information contact the administrative offices' meetings department at 978-927-8330