This conference is designed to provide the most current information on cardiology topics and educate on strategies for improved cardiac health outcomes.

Register online at: www.mercysiouxcity.com/classes-events

33rd Annual Cardiology Conference • Wednesday, October 18, 2017

Co-Sponsored by Mercy Medical Center • Sioux City, Unity Point Health • St. Luke’s, Cardiovascular Associates, P.C.

Before Black Toes (Peripheral Artery Disease)
Nitin Garg, MD
Nebraska Medicine Heart & Vascular Center, Omaha, NE

Beyond Medications (Hypertension)
Abdulrahman Morad, MD
Nebraska Medicine Heart & Vascular Center, Omaha, NE

Culinary Medicine (Mediterranean Diet)
Stephen Kopecky, MD
Mayo Clinic, Rochester, MN

The 21st Century Epidemic Guidelines for Medication-(Atrial Fibrillation Anticoagulation)
Suraj Kapa, MD
Mayo Clinic, Rochester, MN

And More...

General Information

Questions: email mercyeducation@mercyhealth.com or call 712-279-2507
Location: Sioux City Convention Center, 801 Fourth Street, Sioux City, IA
Dress: wear layers as the room temperature fluctuates.
No children or infants allowed in the educational session. Individuals with disabilities are encouraged to participate. If you have a special need, please notify us how we can accommodate you by calling (712) 279-2507 prior to the event.
Hotels: a block of room will be held for the conference. Mention the Annual Cardiology Conference to get the listed rate. Please request the Annual Cardiology Conference Rate by September 18 to receive the reduced rate.

Hilton Garden Inn  Marina Inn
712-255-4200   402-412-4105
Rate:  $107   Rate: $92

Stoney Creek Inn
712-234-1100
Rate: $84

Mail Payment and Registration Form to:
Mercy Medical Center – Sioux City
Education Department, CMB, Suite 301
P.O. Box 205, 801 Fifth Street
Sioux City, IA 51102

By Fax: Registration and Card Payment to: (712) 252-1427
Account #: ___________ Exp. Date: ___________ CVV Code: ___________
Cardholder’s Name: ____________________________
Cardholder Address: ____________________________
City:___________________ State:_______ ZIP: __________
Phone: (         )______________________________________
Signature________________________________________
Billing Information
Any participant requesting their registration fee be billed will be charged a $10 handling fees per registration.

Name of organization:  ______________________________
To the attention:  __________________________________
Address ___________________________________________
City _____________________  State ________ Zip_________
Business Phone______________________________________

For office use only:
Date Received_____________Amt.  Encl.  $_____________
Check #:___________________ CC: _____________
JE Acct # ___________________ PRD: ____________
Cash: ________

Registration: (Please print)
Name_____________________________________________
Address ___________________________________________
City  __________________ State _______  Zip ____________
Phone (      )________________  (W) (      )________________
Profession  _________________________________________
Professional License # ________________________________
Employer___________________________________________
Email Address ______________________________________

Please check one for continuing education credit:
☐ Nursing:  0.6 CEU’s  ☐ Family Practice Physicians
(AAFP pending)
☐ Physician CME: 5 AMA PRA Category 1 credits  
☐ Other Professionals: Certificate indicating 5.0 clock hours of attendance

Registration Fee:
Register for a chance to win a $50 Visa gift card.  
$89 Early Bird Until Oct. 2  $99 After October 2

Online Registration Preferred at
www.mercysiouxcity.com/classes-events

Mail-in Registration: (Credit card or check payment is required with registration) Make checks payable to Mercy Medical Center.

Mail-in Registration Form to:
Mercy Medical Center – Sioux City
Education Department, CMB, Suite 301
P.O. Box 205, 801 Fifth Street
Sioux City, IA 51102

Account #: ___________ Exp. Date: ___________ CVV Code: ___________
Cardholder’s Name: ____________________________
Cardholder Address: ____________________________
City:___________________ State:_______ ZIP: __________
Phone: (         )______________________________________
Signature________________________________________
Billing Information
Any participant requesting their registration fee be billed will be charged a $10 handling fee per registration.

Name of organization:  ______________________________
To the attention:  __________________________________
Address ___________________________________________
City _____________________  State ________ Zip_________
Business Phone______________________________________

For office use only:
Date Received_____________Amt.  Encl.  $_____________
Check #:___________________ CC: _____________
JE Acct # ___________________ PRD: ____________
Cash: ________

33rd Annual Cardiology Conference • Sioux City, Iowa
October 18, 2017
8:00 am - 3:30 pm

Sponsored by

33rd Annual Cardiology Conference • Sioux City, Iowa
October 18, 2017
8:00 am - 3:30 pm

Sioux City Convention Center • Sioux City, Iowa