

Have you ever wondered...

- How do I lower my risk of stroke in atrial fibrillation?*
- What can I do to prevent DVT and PE?*
- How do I lower my risk of heart attack?*
- What lifestyle habits can help lower my risk of cardiovascular disease?*



If you've considered any of these questions about your health - or the health of a patient or family member - then this educational program is your answer!

Arming Yourself in the Fight Against Thrombosis is designed to provide you with an overview of prevention methods for stroke in atrial fibrillation, DVT and PE, and heart attack, as well as diet and exercise choices for the prevention of cardiovascular disease.

Each session is led by an expert in cardiovascular medicine, physical therapy, or nutrition, with ample time for audience questions and discussion.

And it's FREE!

Program Agenda* *Session times include 10-minute Q&A*

- 12:30 - 12:55 I Have Atrial Fibrillation - How Do I Lower My Risk of Stroke?
Christian Ruff, MD, MPH
- 12:55 - 1:20 What Can I Do to Prevent DVT and PE?
Samuel Z. Goldhaber, MD
- 1:20 - 1:45 My Doctor Says I Have Increased Risk of Heart Attack - What Should I Do to Lower This Risk?
Paul Cohen, MD, PhD
- 1:45 - 2:10 Coffee Break
- 2:10 - 2:35 What Kind of Diet Will Lower My Risk of Cardiovascular Disease?
Kathy McManus, MS, RD
- 2:35 - 3:00 How Can Exercise Lower My Risk of Cardiovascular Disease?
Gisele Bousquet, RN

This program is intended for patients, caregivers, and the general public. Healthcare professionals seeking information to better educate their patients are also invited to attend.

Location: Fairmont Copley Plaza Hotel
138 St. James Avenue, Boston, MA 02116

Valet parking is available at the hotel. Alternative parking is recommended at the Prudential Center Garage (Exeter Street entrance).

To register, please complete the form below and return to NATF at:

368 Boylston Street
Brookline, MA 02445

Or email the information on this form to events@natfonline.org.

Space is limited, so register early!

Name: _____

Guest Name (if applicable): _____

Are you a:

- Patient
- Caregiver
- Healthcare Professional
- Other

If you are a healthcare professional, please indicate your degree/title and institutional affiliation: _____

Email address (required): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____



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