

# ACC.06 and i2 Summit: Advance Registration and Hotel Reservation Form

For fast, convenient registration and updated housing information, register at [www.acc.org](http://www.acc.org)!

**ACC.06 registration includes access to ACC.06 events only. You must register for i2 Summit to participate in both i2 Summit and ACC.06 events.**

Please complete and submit both sides of the registration form or your registration will not be accepted.

## 1. Name/Mailing Address (For complete instructions, please see pp. 14 – 15.)

First/Given Name Middle Initial Last/Family Name

Institution/Hospital/Office ACC Customer Number

Address  Home  Office

City State ZIP Country

Telephone Fax E-mail

(all meeting confirmations will be e-mailed or faxed)

## 2. Badge Information (Information will appear on badge exactly as written.)

Name Degree

City State/Country

## 3. Family Member

First/Given Name Last/Family Name

4.  First-Time Attendee

5.  Remove my name from mailing lists rented by the ACC.

## 7. Hotel Reservation (Individuals requiring hotel reservations must register for ACC.06 and/or i2 Summit.

Give priority to:  Rate  Location  Specific Hotel/Chain

Arrival: Day \_\_\_\_\_ March \_\_\_\_\_, 2006 Departure: Day \_\_\_\_\_ March \_\_\_\_\_, 2006

1st Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_ 4th Choice \_\_\_\_\_

Check:  Single (1 person)  One-Bedroom Suite (sleeping room and parlor)  
 Double (2 persons)  Two-Bedroom Suite (sleeping rooms and parlor)  
 Special Requests \_\_\_\_\_

Note: Hotel rooms are limited. Please check one of the following, "If none of my choices is available..."

Do not assign me a room.  
 Assign me a room at any available hotel.  
 No hotel required; staying at/sharing with \_\_\_\_\_

8. Special Needs  Audio  Mobile  Visual; please describe: \_\_\_\_\_

Please complete and submit both sides of the registration form or your registration will not be accepted.

## 6. Registrant Profile

This information must be complete or registration will not be accepted.

### A. Medical Specialty (check one)

- A01  Adult Cardiology  
A02  Pediatric Cardiology  
A03  Cardiovascular Surgery  
A04  Internal Medicine  
A05  Family/General Practice  
A06  Radiology  
A07  Nuclear Medicine  
A08  Pharmacology  
A09  Other \_\_\_\_\_

### B. Primary Activity (check all that apply)

- B01  Direct Patient Care  
B02  Medical Teaching  
B03  Medical Research  
B04  Administration  
B05  Other \_\_\_\_\_

### C. Clinical Focus (check one)

- C01  Imaging  
C02  Interventional  
C03  Electrophysiology  
C04  General  
C05  Pediatric  
C06  Surgery  
C07  Vascular Medicine  
C08  Heart Failure  
C09  Transplant  
C10  Preventive  
C11  Adult Congenital  
C12  Other \_\_\_\_\_

### D. Non Clinical (check all that apply)

- D01  Quality Improvement  
D02  Database Management  
D03  Other \_\_\_\_\_

### E. Special Interest Groups (optional)

- E01  Women Cardiologists  
E02  Early Career (1 – 5 years in practice)

### F. Non Medical Primary Focus (check all that apply)

- F01  Sales/Marketing  
F02  Research  
F03  Education  
F04  Consulting  
F05  Product Training  
F06  Management/Administration  
F07  Other \_\_\_\_\_

**ACC.06 registration includes access to ACC.06 events only. You must register for i2 Summit to participate in both i2 Summit and ACC.06 events.**

After Feb. 14, register on site in Atlanta.

**RETURN TO ITS**

By Internet—  
**www.acc.org**

By Fax —  
**24 Hours — Credit Card Only**  
**(800) 521-6017**  
**(847) 940-2386** — Outside the United States and Canada

By Telephone —  
**Credit Card Only**  
**Have This Form Handy!**  
**(800) 650-6870**  
(8 a.m.–5 p.m. Central Time)  
**(847) 940-2155** — Outside the United States and Canada

By Mail—ACC.06/i2  
PO Box 825  
Deerfield, IL 60015-0824  
or  
108 Wilmot Rd  
Deerfield, IL 60015-5124  
Do Not Mail if Previously Faxed.

Verification required for the shaded categories.

You must be registered for ACC.06 to purchase a one-day pass to i2 Summit.

Please circle appropriate registration fee and place a check next to the appropriate attendee category.

9. Registration Category			EARLY BIRD UNTIL NOV. 7		ADVANCE UNTIL FEB. 14		ON-SITE	
	ACC.06	i2	ACC.06	i2 & ACC.06	ACC.06	i2 & ACC.06	ACC.06	i2 & ACC.06
<b>Member:</b>								
<input type="checkbox"/> M.D.	R00A	I00A						
<input type="checkbox"/> D.O.	R00B	I00B						
<input type="checkbox"/> Ph.D.	R00C	I00C	\$255	\$525	\$305	\$575	\$375	\$645
<input type="checkbox"/> ACC International Associate	R22A	I22A	\$470	\$885	\$520	\$985	\$590	\$1,115
<b>ACC Cardiac Care Team Member:</b>								
<input type="checkbox"/> Nurse Practitioner	R23A	I23A						
<input type="checkbox"/> Nurse	R23B	I23B						
<input type="checkbox"/> Physician Assistant	R23C	I23C						
<input type="checkbox"/> Clinical Nurse Specialist	R23D	I23D	\$125	\$235	\$150	\$285	\$200	\$375
<input type="checkbox"/> ACC Fellow in Training Member	R01A	I01A	\$50	\$50	\$60	\$60	\$85	\$85
<input type="checkbox"/> Abstract Presenter	R02A	I02A	n/a	n/a	\$75	\$75	\$75	\$75
<b>Nonmember:</b>								
<input type="checkbox"/> M.D.	R03A	I03A						
<input type="checkbox"/> D.O.	R03B	I03B						
<input type="checkbox"/> Ph.D.	R03C	I03C	\$765	\$1,075	\$815	\$1,125	\$885	\$1,195
<input type="checkbox"/> Nonmember Trainee/Resident	R04A	I04A	\$265	\$495	\$315	\$595	\$385	\$725
<b>Nonmember, Nonphysician:</b>								
<input type="checkbox"/> Nurse Practitioner	R06A	I06A						
<input type="checkbox"/> Nurse	R06B	I06B						
<input type="checkbox"/> Physician Assistant	R06C	I06C						
<input type="checkbox"/> Clinical Nurse Specialist	R06D	I06D						
<input type="checkbox"/> Nutritionist	R06E	I06E						
<input type="checkbox"/> Pharmacist	R06F	I06F						
<input type="checkbox"/> Exercise Physiologist	R06G	I06G						
<input type="checkbox"/> Technologist	R06H	I06H						
<input type="checkbox"/> Other _____	R06I	I06I	\$265	\$495	\$315	\$595	\$385	\$725
<input type="checkbox"/> Practice Administrator	R07A	I07A	\$495	\$935	\$545	\$1,025	\$615	\$1,155
<b>Nonmedical:</b>								
<input type="checkbox"/> Hospital Administrator	R08A	I08A						
<input type="checkbox"/> Health care Consultant	R08B	I08B						
<input type="checkbox"/> Pharma Industry	R08C	I08C						
<input type="checkbox"/> Medical Device Industry	R08D	I08D						
<input type="checkbox"/> Other _____	R08E	I08E	\$765	\$1,075	\$815	\$1,125	\$885	\$1,195
<input type="checkbox"/> Exhibits-Only (no CME credit)	R09A	I09A	\$510	n/a	\$560	n/a	\$630	n/a
<input type="checkbox"/> ACC.06 One-Day Saturday	R10A		\$170	n/a	\$220	n/a	\$290	n/a
<b>ACC.06 One-Day</b>								
<input type="checkbox"/> Sunday	R11A							
<input type="checkbox"/> Monday	R12A							
<input type="checkbox"/> Tuesday	R13A		\$485	n/a	\$535	n/a	\$605	n/a
<b>i2 One-Day</b> (only available to registrants of ACC.06)								
<input type="checkbox"/> Sunday		T11A						
<input type="checkbox"/> Monday		T12A						
<input type="checkbox"/> Tuesday		T13A	n/a	\$250	n/a	\$250	n/a	\$250
<input type="checkbox"/> Family Member — per person (Complete Section 3 for badge)	R097		\$75	n/a	\$75	n/a	\$100	n/a

**10. Optional**

Fellow in Training Forum (limit 1 ticket)  
Special Meals (check):  Vegetarian  Kosher  Fruit

**11. Hotel Deposit** (\$250 per room required.)  
(\$500 per one-bedroom suite; \$750 per two-bedroom suite.  
To arrange suites, you must go to [www.acc.org](http://www.acc.org) or call ITS)  
See cancellation policy on p. 15.

**12. Payment**

Check enclosed (payable to ACC.06/i2 Summit; U.S. funds drawn on a U.S. bank)  American Express  Visa  Mastercard  Discover  Diner's Club  
Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Please complete and submit both sides of the registration form or your registration will not be accepted.

**REGISTRATION FEE** (amount circled above)

\$ \_\_\_\_\_  
NO FEE

**HOTEL DEPOSIT**

\$ \_\_\_\_\_

**TOTAL REGISTRATION AND HOTEL**

\$ \_\_\_\_\_