

REGISTRATION FORM – AMERICAN COLLEGE OF CARDIOLOGY

Interactive ACCF Study Session for Maintenance of Certification
March 24, 2007, 7:00 am – 2:00 pm, Hilton New Orleans Riverside
*For attendance at the MOC meeting only. For those attending ACC.07,
register at www.acc.org for both meetings.*

Membership Number (If applicable)

MD DO PhD RN NP PA

Last Name (Please print clearly)

Other _____
Please specify.

First Name

Middle Initial

Address

City

State

Zip

Office Phone

Fax

Email

What is your primary medical specialty: (Check one)

Adult Cardiology

Pediatric Cardiology

CV Surgery

Internal Medicine

Imaging

Interventional

Family/General

Other _____

Registration Category	Regular (before 2/21/07)	Onsite (after 2/21/07)
ACC Member	\$375	\$545
Nonmember	\$450	\$645

Special Dietary Requirements: (Advance notification required)

Fruit Kosher Vegetarian No seafood

Payment must accompany application.

Check payable to ITS in US dollars drawn on a US bank

MasterCard VISA American Express Discover

Cardholder's Name (Please print clearly.)

Signature

Card Number

Expiration Date

Disability Accommodations _____
Please advise us of your needs

Please use just **ONE** of these ways to register: (Do not mail if previously faxed or telephoned.)

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.07/i2 Summit PO Box 825 Deerfield, IL 60015-0824 or 108 Wilmot Rd Deerfield, IL 60015-5124. **Do Not Mail if Previously Faxed.**