

REGISTRATION FORM – AMERICAN COLLEGE OF CARDIOLOGY
Interactive ACCF Study Session for Maintenance of Certification (Module 21-R)
March 29, 2008, Hyatt Regency Chicago 8:00 a.m. – 3:00 p.m.

Please use **ONE of these methods** to register; (do not mail if previously faxed, telephoned or registered online)
 1. **Mail** the registration form to: Housing and Registration Center, 11208 Waples Mill Road, Suite 112, Fairfax, VA 22030
 2. **Fax** the registration form to: (703) 631-1167
 3. **Phone** (800) 699-5113
 4. **Online** visit <http://acc08.acc.org> to follow the link for **Conferences, 2008 Conference**.

Submit this form for attendance at the MOC meeting only.
For those attending ACC.08, register at <http://acc08.acc.org> for both meetings.

Membership Number (If applicable) _____ Last Name **(Please print clearly)** _____
 MD DO PhD RN NP PA 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	Onsite & After 2/20/08
ACC Member	\$565
Nonmember	\$675

Special Dietary Requirements: (Advance notification required)

- Kosher Vegetarian

Payment must accompany application.

Check payable to **Chicago 08 Meeting Registration** in US dollars drawn on a US bank

- MasterCard VISA American Express

Cardholder's Name (Please print clearly.) _____ Signature _____

Card Number _____ Expiration Date _____

Disability Accommodations _____
 Please advise us of your needs