

REGISTRATION FORM – AMERICAN COLLEGE OF CARDIOLOGY
Armed Forces Cardiology Symposium
May 18-19, 2007
Washington, DC

Membership Number (If applicable) _____ Last Name (**Please print clearly**) _____
 MD DO PhD RN 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 Pharmacology Radiology
 Family/General Other _____

Registration Deadline: May 15

	By Registration Deadline: May 15	After May 15 and On- Site
ACC Member Physician	\$75	\$125
Nonmember Physician	\$100	\$150
CCA (Member PA, RN, NP, CNS)	\$50	\$100
Reduced (FIT, Emeritus, Resident)	\$50	\$100
CCT (Nonmember PA, RN, NP, CNS)	\$50	\$100

Special Dietary Requirements: (Advance notification required)

- Fruit Kosher Vegetarian

Payment must accompany application.

- Check payable to American College of Cardiology Foundation 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, telephoned, or registered online.**)

MAIL: Registration and payment to ACCF, Attn: Resource Center, P.O. Box 79231, Baltimore MD 21279-0231.

TELEPHONE: 800-253-4636, X5603. Outside the US and Canada, 202-375-6000, X5603

FAX: 202-375-7000 – Attn: Resource Center

ONLINE: www.acc.org/ArmedForces