

## REGISTRATION FORM

**ACCF Cardiovascular Board Review for Certification and Recertification  
September 8 - 13, 2009 - The Ritz Carlton, Lake Las Vegas**

**Maintenance of Certification, Cardiology Updates 2008 and 2009  
September 12, 2009 - The Ritz Carlton - Lake Las Vegas**

Please use **ONE of these methods** to register; (do not mail if previously faxed, telephoned or registered online)

1. **Mail** completed form and payment to: American College of Cardiology Foundation; Attn: Resource Center  
P.O. Box 79231, Baltimore, MD 21279-0231
2. **Fax** the registration form to: (202) 375-7000
3. **Call** (800) 253-4636, ext 5603, or (Outside the U.S and Canada, (202) 375-6000, ext 5603)
4. **Visit** [www.acc.org/cvboard](http://www.acc.org/cvboard) to register online or go to [www.acc.org](http://www.acc.org) and click Programs to register

Membership Number (If applicable) \_\_\_\_\_

**Last Name** (Please print clearly) \_\_\_\_\_

**First Name** \_\_\_\_\_

**Middle Initial** \_\_\_\_\_

MD  DO  PhD  RN  NP  PA  CNS  PharmD  Other \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Office Phone \_\_\_\_\_

Office Fax \_\_\_\_\_

Email (Please print clearly) \_\_\_\_\_

Practice Administrator's Name \_\_\_\_\_

Phone \_\_\_\_\_

**What is your primary medical specialty: (Check one)**

Adult Cardiology  CV Surgery  Family/General  Internal Medicine  IV Cardiology  Ped. Cardiology  Radiology  Other \_\_\_\_\_

**Registration Deadline: August 26, 2009**

MOC Session Only		
	Regular (before 8/26/09)	On-site (after 8/26/09)
<input type="checkbox"/> Member	<input type="checkbox"/> \$465	<input type="checkbox"/> \$565
<input type="checkbox"/> Nonmember	<input type="checkbox"/> \$575	<input type="checkbox"/> \$675

CV Program with MOC Program			
Please register me as:	Designation	Advance (7/04- 8/26/09)	On-site & After 8/26/09
<input type="checkbox"/> ACC Member	MD, DO, PhD	<input type="checkbox"/> \$1,185	<input type="checkbox"/> \$1,235
<input type="checkbox"/> with MOC session	MD, DO, PhD	<input type="checkbox"/> \$1,485	<input type="checkbox"/> \$1,635
<input type="checkbox"/> Nonmember	MD, DO, PhD	<input type="checkbox"/> \$1,295	<input type="checkbox"/> \$1,445
<input type="checkbox"/> with MOC session	MD, DO, PhD	<input type="checkbox"/> \$1,595	<input type="checkbox"/> \$1,845
<input type="checkbox"/> International Assoc.		<input type="checkbox"/> \$1,185	<input type="checkbox"/> \$1,235
<input type="checkbox"/> CCA Member	PA, RN, NP, CNS, PharmD	<input type="checkbox"/> \$745	<input type="checkbox"/> \$850
<input type="checkbox"/> Reduced	FIT, Emeritus, Resident	<input type="checkbox"/> \$745	<input type="checkbox"/> \$850
<input type="checkbox"/> CCT	PA, RN, NP, CNS, PharmD	<input type="checkbox"/> \$800	<input type="checkbox"/> \$900

*Proof of licensure required for CCTs ( PA, Tech, RN, CNS and NP); letter from training director needed for Fellow in Training.  
International registrants are urged to FAX application to the ACCF.*

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 \_\_\_\_\_

Security Code \_\_\_\_\_

**Special Needs** (Please advise us of your needs)

**Special Dietary Requirements: (Advance notification required)**

Vegetarian  Kosher

Source Code: #2009-1602/1687