

REGISTRATION FORM
5th Annual Cardiovascular Magnetic Resonance and Computed Tomography
June 23 - 26, 2007

Membership Number (If applicable) _____

MD DO PhD Other _____

Last Name (Please print clearly) _____

First Name _____

Middle Initial _____

Address _____

City _____

State _____

Zip _____

Office Phone _____

Fax _____

Email (Please print clearly) _____

What is your primary medical specialty: (Check one)

- Adult Cardiology Pediatric Cardiology CV Surgery CT Echo Internal Medicine
 Pharmacology Radiology Nuclear MR Family/General Other _____

Registration Deadline: June 7, 2007

Please register me as:	Early Bird until 3/9/07	Advance 3/10/07 - 6/7/07	Onsite after 6/7/07
Member – ACC	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,065	<input type="checkbox"/> \$1,125
CV Org Cosponsors	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,065	<input type="checkbox"/> \$1,125
International Associate	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,065	<input type="checkbox"/> \$1,125
Nonmember Physician	<input type="checkbox"/> \$1,150	<input type="checkbox"/> \$1,215	<input type="checkbox"/> \$1,275
CCA Member <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> CNS	<input type="checkbox"/> \$475	<input type="checkbox"/> \$540	<input type="checkbox"/> \$600
Reduced <input type="checkbox"/> FIT <input type="checkbox"/> Emeritus <input type="checkbox"/> Resident	<input type="checkbox"/> \$325	<input type="checkbox"/> \$390	<input type="checkbox"/> \$450
Tech/Sonographer	<input type="checkbox"/> \$475	<input type="checkbox"/> \$540	<input type="checkbox"/> \$600
CCT Non member <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> CNS	<input type="checkbox"/> \$525	<input type="checkbox"/> \$590	<input type="checkbox"/> \$650
Team Care*: Allied Health & CCA	<input type="checkbox"/> \$285	<input type="checkbox"/> \$350	<input type="checkbox"/> \$410

*** Team Care Pricing:** The Team Care Allied Health Member discount saves on registration fees for members of the same cardiac care team. To be eligible for the discount, teams must register together at the same time as the associated physician. **Call in these registrations at the same time as the physician's registration!** Individual applications will not be accepted.

Special Dietary Requirements: (Advance notification required)

- Kosher Vegetarian

Payment must accompany application.

- Check - made 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

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

MAIL: Application and payment to American College of Cardiology Foundation, Attn: Resource Center, P.O. Box 79231, Baltimore, MD 21279-0231.

TELEPHONE: 800-253-4636, ext. 5603 or Outside the US and Canada, 202-375-6000, ext. 5603 **FAX:** 202-375-7000 – Attn: Resource Center

ONLINE: www.acc.org/MR-CT

2007-1650

Optional: Please check one of the below sessions for each time slot that you are interested in attending. Please note, availability is limited, therefore, early registration is recommended.

Saturday, June 23

Technologist Session:

8:00 a.m. – 2:00 p.m.

I will attend

Sunday, June 24

Mentored Cases:

12:15 p.m. – 1:45 p.m.

MRI 1 - *Dr. Hundley*

5:45 p.m. – 6:45 p.m.

MRI 2 – *Dr. Kramer*

6:45 p.m. – 8:15 p.m.

MRI 3 – *Dr. Kim*

Monday, June 25

Mentored Cases: Please choose only ONE CT session.

11:45 a.m. – 1:15 p.m.

CT – *Dr. Abbara*

4:30 p.m. – 6:00 p.m.

CT - *Dr. Taylor*

6:00 p.m. – 7:30 p.m.

CT - *Dr. Carr*