

American College of Cardiology
42nd Annual New York Cardiovascular Symposium
December 11-13, 2009
 Hilton New York New York ♦ New York

COMPLETE AND RETURN FORM TO:
The Housing Connection (THC):
 • **FAX:** (801) 355-0250; **OR**
 • **MAIL:** THC, 175 South West Temple,
 Ste. 140, Salt Lake City, UT 84101

REGISTRATION FORM

| | | | |
|------------------------------|--|---------------------------|------------------------|
| 1 CONTACT INFORMATION | | | |
| 1 | NAME: Last _____ First _____ | ACC Membership/ID # _____ | |
| | DEGREE: <input type="checkbox"/> MD <input type="checkbox"/> MBBS <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> CNS <input type="checkbox"/> PharmD <input type="checkbox"/> Other (specify): _____ | | |
| | INSTITUTION: _____ | | |
| | ADDRESS: _____ | | |
| | CITY: _____ | STATE/PROVINCE: _____ | ZIP/POSTAL CODE: _____ |
| | COUNTRY: _____ | EMAIL: _____ | |
| | TELEPHONE: _____ | FAX: _____ | |

| | | | | |
|----------------------------|---|---|---|--|
| 2 PRIMARY SPECIALTY | | | | |
| 2 | <input type="checkbox"/> Adult Cardiology | <input type="checkbox"/> Pediatric Cardiology | <input type="checkbox"/> CV Surgery | <input type="checkbox"/> Internal Medicine |
| | <input type="checkbox"/> IV Cardiology | <input type="checkbox"/> Radiology | <input type="checkbox"/> Family/General | <input type="checkbox"/> Other (specify) _____ |

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| 3 | SPECIAL MEALS | <input type="checkbox"/> Vegetarian <input type="checkbox"/> Kosher |
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| 4 | Tuition: <i>Tuition includes educational sessions, light continental breakfasts, lunches, refreshment breaks and attendee materials.</i> | Advance On/before Oct. 15, 2009 | Regular Oct. 16- Nov. 27, 2009 |
| | ACC Member Physician <input type="checkbox"/> Check if you are a FACC | <input type="checkbox"/> \$925 | <input type="checkbox"/> \$1,025 |
| | ACC International Associate | <input type="checkbox"/> \$985 | <input type="checkbox"/> \$1,085 |
| | Nonmember Physician | <input type="checkbox"/> \$1,095 | <input type="checkbox"/> \$1,195 |
| | Reduced <input type="checkbox"/> FIT ⁺ <input type="checkbox"/> Emeritus <input type="checkbox"/> Resident | <input type="checkbox"/> \$700 | <input type="checkbox"/> \$800 |
| | ACC CCA Member ** (PA, RN, NP, CNS, PharmD) | <input type="checkbox"/> \$700 | <input type="checkbox"/> \$800 |
| | Technician/Sonographer** | <input type="checkbox"/> \$700 | <input type="checkbox"/> \$800 |
| | CCT Nonmember** (PA, RN, NP, CNS, PharmD) | <input type="checkbox"/> \$750 | <input type="checkbox"/> \$850 |
| | Industry Professional | <input type="checkbox"/> \$750 | <input type="checkbox"/> \$850 |

*** After Nov. 27th** you must register on-site. An additional \$100 will be assessed.

+ Letter from Training Director is required for Fellow in Training.

** Proof of licensure required for Physician Assistant, Registered Nurse, Clinical Nurse Specialist, Nurse Practitioner and Technician/Sonographer.

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|------------------------------|---|---|--|
| 5 PAYMENT INFORMATION | | | |
| <input type="checkbox"/> | CREDIT CARD: | <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express <input type="checkbox"/> Discover | |
| | Cardholder Name: _____ | Signature: _____ | |
| | Card Number: _____ | Exp. Date: _____ | |
| <input type="checkbox"/> | CHECK: Payable to ACCF/The Housing Connection in U.S. Dollars. We cannot assume fees for foreign transfers. | | |

CANCELLATIONS: Substitution or transfer to another course is allowed if written notification is received before November 20, 2009/ A refund, minus a \$50 USD administrative fee, will be given for written notifications received on/before November 20, 2009; \$100 USD for written notifications received after November 20th. No refunds will be given for no-shows. In the unlikely event that the program is canceled, the College will refund the tuition in full, but is not responsible for any travel or hotel costs you may incur. **All changes and cancellations must be submitted in writing by e-mail: thc@housingregistration.com or fax: 801-355-0250.**

NOTE: Check if you need disability accommodations and please specify needs: