

Advance Registration and Hotel Reservation Form

Advance deadline: Wednesday, Jan. 21, 2004 • Registration in advance at onsite rates until Monday, Feb. 16, 2004

PLACE LABEL HERE.

1. Name/Mailing Address (Use peel-'n'-stick label if all information is correct, or print.)

First/Given Name	Middle Initial	Last/Family Name		
Institution/Hospital/Office				
Address <input type="checkbox"/> Home <input type="checkbox"/> Office				
City	State	ZIP	Country	Postal Code

ACC Customer Number
Telephone
E-Mail
Fax (Required, if international, include country/city codes.)

2. Badge Information (Information will appear exactly as written.)

Name	Degree
City	State/Country

3. Family Member

First/Given Name	Last/Family Name
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7. Hotel Reservation (Individuals requiring hotel reservations must register for ACC '04; exceptions apply for special programs—see reverse.)

Give priority to: Rate Location Specific Hotel/Chain

Arrival: Day _____ March _____, 2004 Departure: Day _____ March _____, 2004

1st Choice _____ 3rd Choice _____

2nd Choice _____ 4th Choice _____

Check: Single (1 person) Double (2 persons) One-Bedroom Suite (sleeping room and parlor)
 Double/Double (2 persons, 2 beds requested) Two-Bedroom Suite (sleeping rooms and parlor)

No hotel required; staying at/sharing with _____

Note: Hotel rooms are limited. Please check one of the following. "If none of my choices is available..."

Do not assign me a room. Assign me a room at any available hotel.

8. Special Needs Audio Mobile Visual; please describe: _____

9. Registration (See pp. 16)

CHECK ONE

0 ACC Member

22 ACC International Associate

23 ACC Cardiac Care Team Member

1 ACC Member Affiliate-in-Training

2 Scientific Session Abstract Presenter

3 Nonmember MD/DO/PhD

<input type="checkbox"/> 4 Nonmember Trainee/Resident <input type="checkbox"/> 5 Nurse/Nurse Practitioner <input type="checkbox"/> 6 Paramedical <input type="checkbox"/> 7 Practice Administrator <input type="checkbox"/> 8 Nonmedical <input type="checkbox"/> 9 Exhibits Only	Verification Required
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10 One Day (check) SUN MON TUES
 WED

Family Member—per person (Complete section 3 for badge)

10. Optional

<input type="checkbox"/> 1 Affiliates-in-Training Forum (limit 1 ticket)		NO FEE
<input type="checkbox"/> 2 ACC Gala Dinner—# of tickets x \$75 each	\$ _____	\$ _____
<input type="checkbox"/> 2A ACC Gala Dinner for New Fellows—# of tickets x \$35 each	\$ _____	\$ _____

Special Meals (check): Vegetarian Kosher Fruit

10A. Special Programs Tickets—Total From Other Side

11. Hotel Deposit (\$250 per room required.)
(\$500 per one-bedroom suite; \$750 per two-bedroom suite)

\$ _____

See cancellation policy on page 18.

TOTAL REGISTRATION AND HOTEL \$ _____

12. Payment

Check enclosed (payable to ACC '04; U.S. funds drawn on a U.S. bank)

American Express Visa Mastercard Discover

Card Number _____

Exp. Date _____ Signature _____

All meeting confirmations will be e-mailed or faxed.

4. First Time Attendee?

5. Remove my name from mailing lists rented by the ACC.

6. Registrant Profile

A. Medical Specialty (check one)

- A01 Adult Cardiology
- A02 Pediatric Cardiology
- A03 Cardiovascular Surgery
- A04 Internal Medicine
- A05 Family/General Practice
- A06 Radiology
- A07 Nuclear Medicine
- A08 Pharmacology
- A09 Not Applicable

B. Primary Activity (check one)

- B01 Direct Patient Care
- B02 Medical Teaching
- B03 Medical Research
- B04 Administration
- B05 Clinical Education
- B06 Quality Improvement
- B07 Database Management
- B08 Not Applicable

C. Clinical Focus (check one)

- C01 Nonclinical
- Cardiovascular Specialist**
- C02 Interventional
- C03 Invasive
- C04 Noninvasive
- C05 Electrophysiology
- C06 Nuclear
- C07 General
- C08 Pediatric
- C09 Surgery
- C10 Vascular Medicine
- Non-Cardiovascular Specialist**
- C11 Cardiovascular Medicine Focus
- C12 Primary Care Focus
- C12 Not Applicable

After Feb. 16, register on site in New Orleans

Return to I.T.S.

By Internet—
<http://www.acc.org>

By Fax—24 Hours—Credit Card Only
800-521-6017
847-940-2386—Outside the United States and Canada

By Telephone—Credit Card Only
Have This Form Handy!
800-650-6870 (8 a.m.–5 p.m. Central Time)
847-940-2155—Outside the United States and Canada

By Mail—ACC '04
P.O. Box 825
108 Wilmot Rd., Ste. 400
Deerfield, IL 60015-0825

Do Not Mail if Previously Faxed.