

REGISTRATION FORM



ACC Cardiovascular Board Review for Certification and Recertification: September 6 - 10, 2016

ACC Study Session for Maintenance of Certification: September 10, 2016, 7:00 a.m. – 1:00 p.m.

The Swissotel - Chicago

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: ACC; Attn: Resource Center; P.O. Box 37561, Baltimore, MD 21297-3561

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 CardioSource.org/cvboard2016 to register online NOTE: FIT REDUCED RATE CANNOT BE DONE ONLINE

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 _____

Please register me as:	Designation	Early Until 7/1 Board Course Only	Early Until 7/1 Gold Package *	Regular 7/2 Until 8/16 Board Course Only	Regular 7/2 Until 8/16 Gold Package*	Late 8/17 through Onsite Board Course Only	Late 8/17 through Onsite Gold Package*
<input type="checkbox"/> ACC Member (Includes International Associate)	MD, DO, PhD	<input type="checkbox"/> \$1575	<input type="checkbox"/> \$2925	<input type="checkbox"/> \$1700	<input type="checkbox"/> \$3050	<input type="checkbox"/> \$1825	<input type="checkbox"/> \$3175
<input type="checkbox"/> Non member (Includes Industry Professional)	MD, DO, PhD	<input type="checkbox"/> \$2175	<input type="checkbox"/> \$3925	<input type="checkbox"/> \$2300	<input type="checkbox"/> \$4050	<input type="checkbox"/> \$2425	<input type="checkbox"/> \$4175
<input type="checkbox"/> Member Reduced (Includes CCA Members)	PA, RN, NP, CNS, PharmD, FIT, Emeritus, Resident, Student	<input type="checkbox"/> \$820	<input type="checkbox"/> \$1670	<input type="checkbox"/> \$945	<input type="checkbox"/> \$1795	<input type="checkbox"/> \$1070	<input type="checkbox"/> \$1920
<input type="checkbox"/> Non-Member Reduced (Includes CCA Members)	PA, RN, NP, CNS, PharmD	<input type="checkbox"/> \$995	<input type="checkbox"/> \$1845	<input type="checkbox"/> \$1045	<input type="checkbox"/> \$1895	<input type="checkbox"/> \$1095	<input type="checkbox"/> \$1945
<input type="checkbox"/> FIT Reduced Rate (Discount has been applied to pricing in this row.) (Must call Resource Center at 800-253-4636 ext. 5603 to receive discount.)	2 or more FITs Registering at same time receive 25% off of each registration rate. Pricing in this row reflects the discount.	<input type="checkbox"/> \$615 REDUCED Rate for 2 or more registering together	<input type="checkbox"/> \$1,252.50 REDUCED Rate for 2 or more registering together	<input type="checkbox"/> \$708.75 REDUCED Rate for 2 or more registering together	<input type="checkbox"/> \$1,346.25 REDUCED Rate for 2 or more registering together	<input type="checkbox"/> \$802.50 REDUCED Rate for 2 or more registering together	<input type="checkbox"/> \$1,440 REDUCED Rate for 2 or more registering together

***Gold Package includes the following: Board Course; ACCSAP9 (online and print version); 2015 Meeting on Demand (MOD); and Saturday Study Session for Maintenance of Certification (MOC). For the U.S. and Canada, there is an additional shipping charge of \$37 for the print version of ACCSAP9. Outside of U.S. and Canada, there is an additional \$185 shipping charge for the print version.**

Proof of licensure required for PA, Tech, RN, CNS and NP (non-CCA members); letter from training director needed for FIT

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

☐ Other _____ (Please Specify)

ACC staff will contact you to verify if this Special Meal Request can be accommodated.

Source Code: #2016-1602

02/12/16