



REGISTRATION FORM

**Heart Valve Summit: Medical, Surgical and Interventional Decision Making Course
October 20 – 22, 2016; 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: American College of Cardiology; 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** ACC.org/HeartValve2016 to register online

Membership Number (If applicable)

Last Name <i>(Please print clearly)</i>	First Name	Middle Initial
<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> CNS <input type="checkbox"/> Other _____		

Street Address

City	State	Zip
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Office Phone	Office Fax	Email <i>(Please print clearly)</i>
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Practice Administrator's Name	Phone
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What is your primary medical area of interest: (Check one)

- Adult Cardiology CV Surgery Family/General Internal Medicine IV Cardiology Ped. Cardiology Radiology Other _____

REGISTRATION TUITION

Please register me as:	Designation	Advance Until 6/20/16	Regular 6/21/16 Until 9/29/16	After 9/29/16 and Onsite
Member Physician (includes International Associate)	MD, DO, PhD	<input type="checkbox"/> \$860	<input type="checkbox"/> \$960	<input type="checkbox"/> \$1060
Non-member Physician	MD, DO, PhD	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1050	<input type="checkbox"/> \$1150
Industry Professional / Non-exhibiting Industry		<input type="checkbox"/> \$1350	<input type="checkbox"/> \$1450	<input type="checkbox"/> \$1550
Member Reduced (Includes CCA Members, CVT, Resident, Student and Emeritus)	PA, RN, NP, CNS, PharmD, Emeritus, Resident, Student	<input type="checkbox"/> \$520	<input type="checkbox"/> \$620	<input type="checkbox"/> \$720
Non-member Reduced	PA, RN, NP, CNS, PharmD	<input type="checkbox"/> \$620	<input type="checkbox"/> \$720	<input type="checkbox"/> \$820
Fellow-in-Training	FIT	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150

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

Payment must accompany application.

- Check payable to: American College of Cardiology, in US dollars drawn on a US bank
 MasterCard VISA American Express Discover

Cardholder's Name (Please print clearly)	Signature
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Card Number	Expiration Date	Security Code
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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: #2016-1690