



AMERICAN COLLEGE of CARDIOLOGY

Registration Form

Advancing the Cardiovascular Care of the Oncology Patient Virtual | January 25 – April 25, 2021

Registration Options (please choose one)

1. E-mail: membercare@acc.org
2. Fax: 202-375-7000
3. Mail: American College of Cardiology, Attn: Member Care, P.O. Box 37561, Baltimore, MD 21297-3561
4. Online: <https://www.acc.org/cvoncology2021>
5. Phone: 800-253-4636, ext. 5603 or 202-375-6000, ext. 5603

Membership Number (if applicable/known) _____

Last Name **First Name** **Middle Initial** **Suffix**

Street Address **City** **State** **Zip Code**

Office Phone **Mobile Phone** **E-mail**

Gender Female Male Other _____ Decline to Provide **Military Service** (Active duty in the US Armed Forces/National Guard/Reserves) Yes No

Race/Ethnicity - for Members Living in the US Only (Select those that apply):
 Native American/Alaskan Native Hispanic Native Hawaiian/Other Pacific Islander Other _____
 Black/African American Asian White Decline to Provide

Primary Medical Area of Interest
 Adult Cardiology CV Surgery Family/General Internal Medicine Intv Cardiology Ped. Cardiology Radiology Other _____

Registration Fees			
Rate Type	Example Designations	Early Until 1/15/2021	Regular After 1/16/2021
Member Physician (includes International Associate)	MD, DO	<input type="checkbox"/> \$199	<input type="checkbox"/> \$249
Non-member Physician	MD, DO	<input type="checkbox"/> \$299	<input type="checkbox"/> \$349
AACC/CCA Member (includes CVT Member, FIT, Resident, Student, Emeritus)	PA, RN, NP, CNS, PharmD, FIT, Resident, Student and Emeritus	<input type="checkbox"/> \$99	<input type="checkbox"/> \$149
CCA Non-member	PA, RN, NP, CNS, PharmD, Resident, Student	<input type="checkbox"/> \$199	<input type="checkbox"/> \$249
Industry Professional		<input type="checkbox"/> \$299	<input type="checkbox"/> \$349

Payment Information (payment must accompany registration form)
 Check (payable to: American College of Cardiology (in US dollars drawn on a US bank))
 MasterCard VISA American Express Discover

 Cardholder's Name Signature

 Card Number Expiration Date Security Code