



AMERICAN
COLLEGE *of*
CARDIOLOGY®

Group Registration Form

Cardiovascular Summit Virtual | February 1 - April 30, 2021

Institution/Organization Name

Contact Person's Name

Street Address

City

State

Zip Code

Office Phone

Contact Person's Phone

Contact Person's E-mail

Group Registration Fees (Per Registrant)			
Rate Type	Discount	Early Until 12/18/2020	Regular After 12/19/2020
Member (ACC/AAPL/ASE/ASNC/Guidehouse/HRS/MedAxiom/Optum/SCAI/SCCT/SCMR)			
<input type="checkbox"/> Over 5	5%	\$332	\$379
<input type="checkbox"/> Over 10	10%	\$314	\$359
<input type="checkbox"/> Over 15	15%	\$297	\$339
<input type="checkbox"/> Over 25	25%	\$262	\$299
<input type="checkbox"/> Over 50	50%	\$175	\$200
Non-member			
<input type="checkbox"/> Over 5	5%	\$474	\$522
<input type="checkbox"/> Over 10	10%	\$449	\$494
<input type="checkbox"/> Over 15	15%	\$424	\$467
<input type="checkbox"/> Over 25	25%	\$374	\$412
<input type="checkbox"/> Over 50	50%	\$250	\$275

List all registrants from your institution/organization below or attach a list/spreadsheet.

Please note: All registrants must be provided at the time of registration; additional registrants cannot be added later.

Group Registrants			
	Last Name	First Name	Email
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Payment Information

Please note: Payment must accompany the registration form; only one form of payment permitted for the entire group

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

To submit this form or for questions, contact Brenda Hindle by email at bhindle@acc.org.