



AMERICAN COLLEGE of CARDIOLOGY

Group Registration Form

Cardiovascular Summit Virtual | February 16-19, 2022

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 1/20/2022	Regular After 1/21/2022
Member (ACC/ASE/ASNC/HRS/SCAI/SCCT/SCMR)			
<input type="checkbox"/> Over 5	5%	\$331.55	\$379.05
<input type="checkbox"/> Over 10	10%	\$314.10	\$359.10
<input type="checkbox"/> Over 15	15%	\$296.65	\$339.15
<input type="checkbox"/> Over 25	25%	\$261.75	\$299.25
<input type="checkbox"/> Over 50	50%	\$174.50	\$199.50
Non-member			
<input type="checkbox"/> Over 5	5%	\$474.05	\$521.55
<input type="checkbox"/> Over 10	10%	\$449.10	\$494.10
<input type="checkbox"/> Over 15	15%	\$424.15	\$466.65
<input type="checkbox"/> Over 25	25%	\$374.25	\$411.75
<input type="checkbox"/> Over 50	50%	\$249.50	\$274.50

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. All registrants must be registered at the same time to receive the group discount.

- ☐ 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.