



Group Registration Form - Cardiovascular Summit | February 16-18, 2023

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 12/21/2022	Regular After 12/21/2022
Member Physician (ACC/ASE/ASNC/HRS/SCAI/SCCT/SCMR)			
<input type="checkbox"/> 2-3 Registrants	10%	\$1,314.00	\$1,413.00
<input type="checkbox"/> 4-9 Registrants	15%	\$1,241.00	\$1,335.00
<input type="checkbox"/> 10+ Registrants	20%	\$1,168.00	\$1,256.00
Non Member Physician (ACC/ASE/ASNC/HRS/SCAI/SCCT/SCMR)			
<input type="checkbox"/> 2-3 Registrants	10%	\$1,683.00	\$1,782.00
<input type="checkbox"/> 4-9 Registrants	15%	\$1,589.50	\$1,683.00
<input type="checkbox"/> 10+ Registrants	20%	\$1,496.00	\$1,584.00
ACC Member Executive			
<input type="checkbox"/> 2-3 Registrants	10%	\$1,215.00	\$1,314.00
<input type="checkbox"/> 4-9 Registrants	15%	\$1,147.50	\$1,241.00
<input type="checkbox"/> 10+ Registrants	20%	\$1,080.00	\$1,168.00
Non-Member Executive			
<input type="checkbox"/> 2-3 Registrants	10%	\$1,534.50	\$1,633.50
<input type="checkbox"/> 4-9 Registrants	15%	\$1,449.25	\$1,542.75
<input type="checkbox"/> 10+ Registrants	20%	\$1,364.00	\$1,452.00
ACC Member CV Administrator & Member Reduced			
<input type="checkbox"/> 2-3 Registrants	10%	\$891.00	\$990.00
<input type="checkbox"/> 4-9 Registrants	15%	\$841.50	\$935.00
<input type="checkbox"/> 10+ Registrants	20%	\$792.00	\$880.00
Non Member CV Administrator			
<input type="checkbox"/> 2-3 Registrants	10%	\$1,188.00	\$1,287.50
<input type="checkbox"/> 4-9 Registrants	15%	\$1,122.00	\$1,215.00
<input type="checkbox"/> 10+ Registrants	20%	\$1,056.00	\$1,144.00
Non Member Reduced			
<input type="checkbox"/> 2-3 Registrants	10%	\$1,089.00	\$1,188.00
<input type="checkbox"/> 4-9 Registrants	15%	\$1,028.50	\$1,122.00
<input type="checkbox"/> 10+ Registrants	20%	\$968	\$1,056.00

List all registrants from your institution below or attach a list. *All registrants must be provided at time of registration; additional registrants cannot be added later.*

Group Registrants				
	Last Name	First Name	Email	Registration Category/Amount
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.