



CARDIOVASCULAR SUMMIT 2024

FEB. 1 - 3, 2024
Washington, DC



GROUP REGISTRATION FORM

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 10/02/23	Advanced Until 12/12/23	Regular After 12/12/23
Member Physician & Executive (ACC/ASE/ASNC/HRS/MedAxiom/SCAI/SCCT/SCMR)				
2-3 Registrants	10%	\$1,238	\$1,328	\$1,418
4-9 Registrants	15%	\$1,169	\$1,254	\$1,339
10+ Registrants	20%	\$1,100	\$1,180	\$1,260
Nonmember Physician & Executive (ACC/ASE/ASNC/HRS/MedAxiom/SCAI/SCCT/SCMR)				
2-3 Registrants	10%	\$1,490	\$1,580	\$1,670
4-9 Registrants	15%	\$1,407	\$1,492	\$1,577
10+ Registrants	20%	\$1,324	\$1,404	\$1,484
Member Reduced (includes CV Administrator, CVT Member, FIT, Resident, Student, Emeritus, ASE, ASNC, HRS, MedAxiom, SCAI, SCCT, and SCMR)				
2-3 Registrants	10%	\$716	\$806	\$896
4-9 Registrants	15%	\$676	\$761	\$846
10+ Registrants	20%	\$636	\$716	\$796
Nonmember Reduced (includes CV Administrator)				
2-3 Registrants	10%	\$950	\$986	\$1,076
4-9 Registrants	15%	\$897	\$931	\$1,016
10+ Registrants	20%	\$844	\$876	\$956



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List all registrants from your institution below or attach a list. All names must be provided at 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.