



REGISTRATION FORM
Advancing the Cardiovascular Care of the Oncology Patient
February 14-16, 2020, The Ritz-Carlton, Washington, DC

Please use **ONE of these methods** to register; (do not mail if previously faxed, telephoned or registered online)

1. **Mail** completed form and payment to: American College of Cardiology; Attn: Member Care P.O. Box 37561, Baltimore, MD 21297-3561
2. **Fax** the registration form to: 202-375-7000
3. **Call** 800-253-4636, ext. 5603, or (Outside the U.S and Canada, 202-375-6000, ext. 5603)
4. **Visit** ACC.org/CVOncology to register online

Membership Number (If applicable)

Last Name (Please print clearly) _____ **First Name** _____ **Middle Initial** _____
 MD DO PhD RN NP PA CNS Other _____

Street Address

City _____ **State** _____ **Zip** _____

Office Phone _____ **Office Fax** _____ **Email** (Please print clearly) _____

Practice Administrator's Name _____ **Phone** _____

What is your primary medical area of interest: (Check one)

- Adult Cardiology CV Surgery Family/General Internal Medicine IV Cardiology Ped. Cardiology Radiology Other _____

REGISTRATION TUITION

| Please register me as: | Designation | Early Until 10/24/19 | Advanced 10/25/19 – 1/7/20 | Regular 1/8/20-2/15/20 |
|---|---|--------------------------------|----------------------------------|----------------------------------|
| Member Physician - <i>Includes International Associate</i> | MD, DO, PhD | <input type="checkbox"/> \$600 | <input type="checkbox"/> \$700 | <input type="checkbox"/> \$800 |
| Non-member Physician | MD, DO, PhD | <input type="checkbox"/> \$800 | <input type="checkbox"/> \$900 | <input type="checkbox"/> \$1,000 |
| AACC/CCA Member - <i>Includes CVT Member, FIT, Resident, Student and Emeritus</i> | PA, RN, NP, CNS, PharmD, FIT, Resident, Student, and Emeritus | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$600 |
| CCA Non-member | PA, RN, NP, CNS, PharmD, FIT, Resident, and Student | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$600 | <input type="checkbox"/> \$700 |
| Industry Professional | | <input type="checkbox"/> \$900 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$1,100 |

Proof of licensure required for PA, Tech, RN, CNS and NP (non-CCA members); letter from training director needed for Fellow in Training. International registrants are urged to FAX application to the ACC.

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|--|-----------------------------|-------------------------------|---------------------------------|
| OPTIONAL Pre-Conference: Pharmacologic Review of Cancer Therapy Essentials Friday, February 14, 2020 4:00 – 6:30 p.m. Heart House | All Registrants – Flat Rate | Early Until 10/24/19 | Regular 10/25/19-2/15/20 |
| | | <input type="checkbox"/> \$85 | <input type="checkbox"/> \$100 |

Payment must accompany application.

- Check payable to: American College of Cardiology, in US dollars drawn on a US bank
 MasterCard VISA American Express Discover

Cardholder's Name (Please print clearly) _____ Signature _____

Card Number _____ Expiration Date _____ Security Code _____

Special Needs (Please advise us of your needs)

Special Dietary Requirements: (Advance notification required) Vegetarian

Other (Please Specify) _____

ACC staff will contact you to verify if this Special Meal Request can be accommodated
Source Code: #2020-1649