



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/CVOnco to register online

Membership Number (If applicable)

Last Name <i>(Please print clearly)</i>	First Name	Middle Initial
<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> CNS <input type="checkbox"/> Other _____		

Street Address

City	State	Zip
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Office Phone	Office Fax	Email <i>(Please print clearly)</i>
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Practice Administrator's Name	Phone
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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.

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

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 <i>(Please print clearly)</i>	Signature
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Card Number	Expiration Date	Security Code
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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