



REGISTRATION FORM

Recent Advances in Clinical Nuclear Cardiology and Cardiac CT: State-of-the-Art Updates and 101 Evidence-Based Case Reviews - May 10 - 12, 2018, Heart House, 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: Resource Center 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/nuclearcard2018 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 2/15/18	EARLY Gold Package* Until 2/15/18	ADVANCE 2/16/18 - 4/19/18	ADVANCE Gold Package* 2/16/18 - 4/19/18	AFTER 4/19/18 and ONSITE	Gold Package* AFTER 4/19/18 and ONSITE
ACC Member Physician (includes International Associate)	MD, DO, PhD	<input type="checkbox"/> \$959	<input type="checkbox"/> \$1259	<input type="checkbox"/> \$1089	<input type="checkbox"/> \$1389	<input type="checkbox"/> \$1219	<input type="checkbox"/> \$1519
Non-member Physician (includes Industry Professional)	MD, DO, PhD	<input type="checkbox"/> \$1320	<input type="checkbox"/> \$1710	<input type="checkbox"/> \$1450	<input type="checkbox"/> \$1840	<input type="checkbox"/> \$1570	<input type="checkbox"/> \$1960
ACC Member Reduced (Includes CCA Members, CVT, FIT, Resident, Student and Emeritus)	PA, RN, NP, CNS, PharmD, FIT, Emeritus, Resident, Student	<input type="checkbox"/> \$489	<input type="checkbox"/> \$669	<input type="checkbox"/> \$619	<input type="checkbox"/> \$799	<input type="checkbox"/> \$749	<input type="checkbox"/> \$929
Non-member Reduced	PA, RN, NP, CNS, PharmD	<input type="checkbox"/> \$700	<input type="checkbox"/> \$880	<input type="checkbox"/> \$830	<input type="checkbox"/> \$1010	<input type="checkbox"/> \$960	<input type="checkbox"/> \$1140

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.

**Gold package includes: This course and corresponding 2018 Meeting on Demand.*

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