

REGISTRATION FORM



ACC Cardiovascular Overview and Board Review for Certification and Recertification: September 4 - 8, 2018 The Swissotel - Chicago

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: ACC; 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/cvboard2018 to register online NOTE: FIT REDUCED RATE CANNOT BE DONE ONLINE

Membership Number (If applicable) _____

Last Name (Please print clearly) _____ **First Name** _____ **Middle Initial** _____

MD DO PhD RN NP PA CNS PharmD Other _____

Street Address _____

City _____ State _____ Zip _____

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

Practice Administrator's Name _____ Phone _____

What is your primary medical specialty: (Check one)

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

Please register me as:	Designation	Early Until 7/2 Board Course	Regular 7/3 Until 8/17 Board Course	Late 8/18 through Onsite Board Course
<input type="checkbox"/> ACC Member (Includes International Associate)	MD, DO, PhD	<input type="checkbox"/> \$1,670	<input type="checkbox"/> \$1,800	<input type="checkbox"/> \$1,930
<input type="checkbox"/> Non member (Includes Industry Professional)	MD, DO, PhD	<input type="checkbox"/> \$2,340	<input type="checkbox"/> \$2,470	<input type="checkbox"/> \$2,600
<input type="checkbox"/> Member Reduced (Includes CCA Members)	PA, RN, NP, CNS, PharmD, FIT, Emeritus, Resident, Student	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,130	<input type="checkbox"/> \$1,265
<input type="checkbox"/> Non-Member Reduced (Includes CCA Members)	PA, RN, NP, CNS, PharmD	<input type="checkbox"/> \$1,335	<input type="checkbox"/> \$1,465	<input type="checkbox"/> \$1,595
<input type="checkbox"/> FIT Reduced Rate (Discount has been applied to pricing in this row.) (Must call Resource Center at 800-253-4636 ext. 5603 to receive discount.)	2 or more FITs Registering at same time receive a discount off of each registration rate. Pricing in this row reflects the discount.	<input type="checkbox"/> \$752 REDUCED Rate for 2 or more registering together	<input type="checkbox"/> \$849 REDUCED Rate for 2 or more registering together	<input type="checkbox"/> \$947 REDUCED Rate for 2 or more registering together

Proof of licensure required for PA, Tech, RN, CNS and NP (non-CCA members); letter from training director needed for FIT

Payment must accompany application.

Check payable to: American College of Cardiology Foundation, 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.