



REGISTRATION FORM

Cardiovascular Conference at Snowmass January 13-17, 2018; Snowmass, CO

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/Snowmass2018 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 10/27/17	Early Gold Package* Until 10/27/17	Advanced After Early and Until 12/22/17	Advanced Gold Package* After Early and Until 12/22/17	After 12/22/17 and Onsite	Gold Package* After 12/22/17 and Onsite
Member Physician (includes International Associate)	MD, DO, PhD	<input type="checkbox"/> \$1,004	<input type="checkbox"/> \$2,129	<input type="checkbox"/> \$1,107	<input type="checkbox"/> \$2,232	<input type="checkbox"/> \$1,210	<input type="checkbox"/> \$2,335
Non-member Physician (includes Industry Professional)	MD, DO, PhD	<input type="checkbox"/> \$1,246	<input type="checkbox"/> \$2,731	<input type="checkbox"/> \$1,349	<input type="checkbox"/> \$2,834	<input type="checkbox"/> \$1,452	<input type="checkbox"/> \$2,937
Member Reduced (Includes CVT, FIT, Resident, Student and Emeritus)	PA, RN, NP, CNS, PharmD, FIT, Emeritus, Resident, Student	<input type="checkbox"/> \$515	<input type="checkbox"/> 1,152.50	<input type="checkbox"/> \$618	<input type="checkbox"/> \$1,255.50	<input type="checkbox"/> \$721	<input type="checkbox"/> \$1,358.50
Non-member Reduced	PA, RN, NP, CNS, PharmD	<input type="checkbox"/> \$721	<input type="checkbox"/> \$1,358.50	<input type="checkbox"/> \$824	<input type="checkbox"/> \$1,461.50	<input type="checkbox"/> \$927	<input type="checkbox"/> \$1,564.50

*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: Snowmass course and the Core Cardiology Package (ACCSAP9, ECG Drill and Practice and Heart Songs 4)*

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: #2018-1623