



REGISTRATION FORM

**Heart Valve Summit: Medical, Surgical and Interventional Decision Making Course
October 11 – 13, 2018; 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: American College of Cardiology; Attn: Resource Center P.O. Box 79231, Baltimore, MD 21279-0231
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/HeartValve2018 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	Advance Until 6/22/18	Regular 6/23/2018 – 9/28/18	After 9/28/18 and Onsite
Member Physician (includes International Associate)	MD, DO, PhD	<input type="checkbox"/> \$860	<input type="checkbox"/> \$905	<input type="checkbox"/> \$1055
Non-member Physician	MD, DO, PhD	<input type="checkbox"/> \$995	<input type="checkbox"/> \$1040	<input type="checkbox"/> \$1185
Industry Professional / Non-exhibiting Industry		<input type="checkbox"/> \$1395	<input type="checkbox"/> \$1440	<input type="checkbox"/> \$1590
Member Reduced (Includes CCA Members, CVT, and Emeritus)	PA, RN, NP, CNS, PharmD, Emeritus	<input type="checkbox"/> \$520	<input type="checkbox"/> \$560	<input type="checkbox"/> \$660
Non-member Reduced, CCA, CVT	PA, RN, NP, CNS, PharmD	<input type="checkbox"/> \$665	<input type="checkbox"/> \$710	<input type="checkbox"/> \$755
Fellow-in-Training, Resident, Student	FIT, Resident, Student	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150

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.

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
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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: #2018-1690