

# REGISTRATION FORM



**ACC Cardiovascular Overview and Board Review for Certification and Recertification: September 3 - 7, 2019**

**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/cvboard2019](http://ACC.org/cvboard2019) to register 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 7/11 Board Course Only	Early Until 7/11 Gold Package *	Regular 7/12 Until 8/15 Board Course Only	Regular 7/12 Until 8/15 Gold Package*	Late 8/16 through Onsite Board Course Only	Late 8/16 through Onsite Gold Package*
<input type="checkbox"/> ACC Member (Includes International Associate)	MD, DO, PhD	<input type="checkbox"/> \$1,720	<input type="checkbox"/> \$3,220	<input type="checkbox"/> \$1,854	<input type="checkbox"/> \$3,354	<input type="checkbox"/> \$1,988	<input type="checkbox"/> \$3,488
<input type="checkbox"/> Non member (Includes Industry Professional)	MD, DO, PhD	<input type="checkbox"/> \$2,410	<input type="checkbox"/> \$4,310	<input type="checkbox"/> \$2,544	<input type="checkbox"/> \$4,444	<input type="checkbox"/> \$2,678	<input type="checkbox"/> \$4,578
<input type="checkbox"/> Member Reduced (Includes CCA Members)	PA, RN, NP, CNS, PharmD, FIT, Emeritus, Resident, Student	<input type="checkbox"/> \$1,030	<input type="checkbox"/> \$1,930	<input type="checkbox"/> \$1,164	<input type="checkbox"/> \$2,064	<input type="checkbox"/> \$1,303	<input type="checkbox"/> \$2,203
<input type="checkbox"/> Non-Member Reduced (Includes CCA Members)	PA, RN, NP, CNS, PharmD	<input type="checkbox"/> \$1,375	<input type="checkbox"/> \$3,275	<input type="checkbox"/> \$1,509	<input type="checkbox"/> \$3,409	<input type="checkbox"/> \$1,643	<input type="checkbox"/> \$3,543
<input type="checkbox"/> <b>FIT Reduced Rate</b> (Discount has been applied to pricing in this row) (Must call ACC Member Care 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. <b>Pricing in this row reflects the discount.</b>	<input type="checkbox"/> \$773 REDUCED Rate for 2 or more registering together	N/A Discount cannot be applied to the Gold Package	<input type="checkbox"/> \$873 REDUCED Rate for 2 or more registering together	N/A Discount cannot be applied to the Gold Package	<input type="checkbox"/> \$977 REDUCED Rate for 2 or more registering together	N/A Discount cannot be applied to the Gold Package

**\*Gold Package includes ACCSAP.**

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.