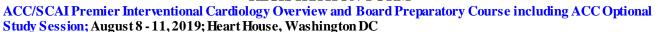
## **REGISTRATION FORM**





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 21279-3561
- 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/intvboard2019 to register online NOTE: FIT REDUCED RATE CANNOT BE DONE ONLINE

sst Name (Please print clearly) First N				Middle Initia	
] MD □ DO □ PhD □ RN □ NP □ PA	☐ CNS ☐ PharmD ☐ Other				
reet Address					
ty	State		Zip		
fice Phone Office	Office Fax		Email (Please print clearly)		
actice Administrator's Name		Pho	one		
hat is your primary medical specialty: (Check on Adult Cardiology ☐ CV Surgery ☐ Family/General ☐		y □ Ped. Cardio	logy □ Radiology [	☐ Other	
	Designation	Early Until 5/16	Regular 5/17 Until 7/17	Late 7/18 through Onsite	
lease register me as:	REGISTRATION INCLUDES TI NIGHT STUDY SESSION AT NO E			ES THURSDAY NO EXTRA COST	
ACC/SCAI Member (includes International Associate)	MD, DO, PhD	□ \$1,457	□ \$1,591	□ \$1,725	
Non member Includes Industry Professional)	MD, DO, PhD	□ \$2,045	□ \$2,178	□ \$2,312	
ACC/SCAI Member Reduced (includes CVT Members)	PA, RN, NP, CNS, PharmD, FIT, Emeritus, Resident, Student	□ \$876	□ \$1,009	□ \$1,143	
Non-Member Reduced	PA, RN, NP, CNS, PharmD	□ \$1,164	□ \$1,303	□ \$1,437	
FIT Reduced Rate (Discount has been applied to pricing in this row.)  Must call Resource Center at 800-253-4636 ext. 5603 to eccive discount.)	2 or more FITs Registering at same time receive 25% off of each registration rate. Pricing in this row reflects the discount.	\$656 REDUCED Rate for 2 or more registering together	□ \$756 REDUCED Rate for 2 or more registering together	\$857 REDUCED Rate for 2 or more registering together	
oof of licensure required for PA, Tech, RN, CNS and NP (no	on-CCA members); letter from traini	ng director needed	l for FIT		
<b>Ayment must accompany application.</b> Check payable to: American College of Cardiology F  MasterCard	Foundation, in US dollars drawn of the control of				
rdholder's Name (Please print clearly)	Signatur	e			
		ion Data	Security Code		
rd Number	Expirat	ion Date	500	arry code	

Source Code: #2019-1603 03/04/19