



## REGISTRATION FORM

**ACC/SCAI Premier Interventional Cardiology Overview and Board Preparatory Course including ACC Optional Study Session; August 8 - 11, 2019; Heart House, Washington DC**

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](http://ACC.org/intvboard2019) 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 5/16	Regular 5/17 Until 7/17	Late 7/18 through Onsite
		REGISTRATION INCLUDES THURSDAY NIGHT STUDY SESSION AT NO EXTRA COST		
<input type="checkbox"/> ACC/SCAI Member (Includes International Associate)	MD, DO, PhD	<input type="checkbox"/> \$1,457	<input type="checkbox"/> \$1,591	<input type="checkbox"/> \$1,725
<input type="checkbox"/> Non member (Includes Industry Professional)	MD, DO, PhD	<input type="checkbox"/> \$2,045	<input type="checkbox"/> \$2,178	<input type="checkbox"/> \$2,312
<input type="checkbox"/> ACC/SCAI Member Reduced (Includes CVT Members)	PA, RN, NP, CNS, PharmD, FIT, Emeritus, Resident, Student	<input type="checkbox"/> \$876	<input type="checkbox"/> \$1,009	<input type="checkbox"/> \$1,143
<input type="checkbox"/> Non-Member Reduced	PA, RN, NP, CNS, PharmD	<input type="checkbox"/> \$1,164	<input type="checkbox"/> \$1,303	<input type="checkbox"/> \$1,437
<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 FIT's Registering at same time receive 25% off of each registration rate. <b>Pricing in this row reflects the discount.</b>	<input type="checkbox"/> \$656 REDUCED Rate for 2 or more registering together	<input type="checkbox"/> \$756 REDUCED Rate for 2 or more registering together	<input type="checkbox"/> \$857 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.