



REGISTRATION FORM

Care of the Athletic Heart: From Elite to Exercise Enthusiasts June 20-22, 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: 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/athleticheart2019 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 Before March 22, 2019 Avg. 40% savings off Full price	Advanced March 23, 2019 – May 24, 2019	Regular After May 25, 2019
Member Physician (International Associate)	MD, DO, PhD	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600	<input type="checkbox"/> \$700
Non-member Physician (includes Industry Professional)	MD, DO, PhD	<input type="checkbox"/> \$650	<input type="checkbox"/> \$750	<input type="checkbox"/> \$850
Member Reduced (Includes CCA Members, CVT, FIT, Resident, Student and Emeritus)	PA, RN, NP, CNS, PharmD, FIT, Emeritus, Resident, Student	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550
Non-member Reduced	PA, RN, NP, CNS, PharmD, Resident, Student	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650

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.

OPTIONAL Pre-Conference: Cardiopulmonary Testing in the Sports Cardiology Clinic: Basics and Key Measurements Thursday, June 20, 2019 10:00 a.m. – 2:00 p.m. Heart House	All Registrants – Flat Rate	<input type="checkbox"/> \$100
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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: #2019-1698