

New York Cardiovascular Symposium

ACC Education  Always Learning.

FRIDAY, DECEMBER 6 –
SUNDAY, DECEMBER 8, 2019
New York Hilton — Midtown

COURSE DIRECTOR
Valentin Fuster, MD, PhD, MACC

COMPLETE AND RETURN FORM TO:

Experient
All forms must be received by
Monday, December 2, 2019

FAX: 301-694-5124
MAIL: ACC-NY Cardiovascular Symposium
P.O. Box 37192, Baltimore, MD 21297-3192

REGISTRATION FORM – NYCVS 2019

CONTACT INFORMATION

NAME: Last First		ACC Member/ID #
DEGREE: <input type="checkbox"/> MD <input type="checkbox"/> MBBS <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> CNS <input type="checkbox"/> PharmD <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other (specify): _____		
INSTITUTION:		<input type="checkbox"/> I am an FACC/MACC
ADDRESS:		
CITY:	STATE/PROVINCE:	ZIP/POSTAL CODE:
COUNTRY:	EMAIL for Registration Confirmation:	
	EMAIL for CME/CNE/COA (if DIFFERENT above):	
TEL.:	FAX:	

PRIMARY SPECIALTY

- Adult Cardiology Pediatric Cardiology CV Surgery Internal Medicine Interventional Cardiology
 Radiology Family/General Other (specify)

SPECIAL DIETARY REQUIREMENTS: (Advance notification required) Vegetarian Kosher Gluten Free

TUITION: includes educational sessions, light continental breakfasts, lunches, refreshment breaks and attendee materials

	EARLY Until Aug. 14, 2019		ADVANCE Aug. 15 – Oct. 16, 2019		REGULAR After Oct. 17, 2019	
	Early	Early Gold*	Advance	Advance Gold*	Regular	Gold*
ACC Member Physician (includes MD, DO, PhD, Other) and ACC International Associate Member	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,629	<input type="checkbox"/> \$1,335	<input type="checkbox"/> \$1,764	<input type="checkbox"/> \$1,435	<input type="checkbox"/> \$1,864
ACC Member Reduced (Includes CV Team, Administrator Member, Affiliate Member — Training Program Administrators, Data Managers, IT Specialists, CV Veterinarian, Geriatrician, Non CV Physician)	<input type="checkbox"/> \$850	<input type="checkbox"/> \$1,059	<input type="checkbox"/> \$980	<input type="checkbox"/> \$1,189	<input type="checkbox"/> \$1,080	<input type="checkbox"/> \$1,289
ACC FIT Member (Includes ACC FIT Member, ACC Student and Medical Resident Member)	<input type="checkbox"/> \$495	<input type="checkbox"/> \$704	<input type="checkbox"/> \$695	<input type="checkbox"/> \$904	<input type="checkbox"/> \$795	<input type="checkbox"/> \$1,004
ACC Emeritus Member	<input type="checkbox"/> \$800	<input type="checkbox"/> \$1,009	<input type="checkbox"/> \$800	<input type="checkbox"/> \$1,009	<input type="checkbox"/> \$800	<input type="checkbox"/> \$1,009
Non-Member Physician (includes MD, DO, PhD, Other) and Industry Professional	<input type="checkbox"/> \$1,450	<input type="checkbox"/> \$1,979	<input type="checkbox"/> \$1,595	<input type="checkbox"/> \$2,124	<input type="checkbox"/> \$1,695	<input type="checkbox"/> \$2,224
Non-Member Reduced (Includes Non-Physician, CV Administrator and Govt.)	<input type="checkbox"/> \$1,100	<input type="checkbox"/> \$1,629	<input type="checkbox"/> \$1,235	<input type="checkbox"/> \$1,764	<input type="checkbox"/> \$1,335	<input type="checkbox"/> \$1,864
Non-Member Trainee-Resident (Includes Non-member Trainee/Resident, Medical Student)	<input type="checkbox"/> \$850	<input type="checkbox"/> \$1,109	<input type="checkbox"/> \$980	<input type="checkbox"/> \$1,239	<input type="checkbox"/> \$1,080	<input type="checkbox"/> \$1,339
One-Day Only (Friday, Saturday, or Sunday)	Friday <input type="checkbox"/> \$800		Saturday <input type="checkbox"/> \$800		Sunday <input type="checkbox"/> \$800	

* Gold package includes: New York Cardiovascular Symposium 2019 registration plus online access to iScience, the ACC.20/WCC Meeting on Demand™ Program.

++ Letter from Training Director is required for FIT. ** Proof of licensure required for Physician Assistant, Registered Nurse, Clinical Nurse Specialist, Nurse Practitioner and Technician/Sonographer.

PAYMENT INFORMATION CREDIT CARD: MasterCard VISA American Express Discover

Cardholder Name _____ Signature _____

Card Number _____ Exp. Date _____

CHECK: Payable to ACC in U.S. Dollars. We cannot assume fees for foreign transfers.

iScience Hard Drive \$ _____

(Add \$99 to add the iScience Hard Drive to your order. Standard Gold Package includes online access only. Applicable to Gold Package orders only)

iScience Shipping fee \$ _____

(Add \$35 for international shipping if Purchasing the iScience Hard Drive)

Cancellation Policy: Substitutions or transfer to another course is allowed if written notification is received on/before November 15, 2019. A refund minus a \$50 USD administrative fee will be given for written notifications received on/before November 15, 2019. No refunds will be given after November 15, 2019. In the unlikely event that the course is cancelled, the college will refund the tuition in full, but is not responsible for any travel or hotel costs you may incur. All changes and cancellations to meeting registration must be submitted in writing by email nycardio@experient-inc.com

Check if you need disability accommodations & please specify needs: _____

Have questions? Need help? Contact: Experient Phone: 800-424-5256 or +1- 240-439-2951 | Fax: 301-694-5124 | Email: nycardio@experient-inc.com