



REGISTRATION FORM

**Heart Valve Summit: Medical, Surgical and Interventional Decision Making
October 3 – 5, 2019; 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: American College of Cardiology; Attn: Member Care, 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/HeartValve2019 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 July 31, 2019	Advanced August 1, 2019 – September 20, 2019	Regular After September 21, 2019
ACC/AATS Member Physician (includes International Associate)	MD, DO, PhD	<input type="checkbox"/> \$860	<input type="checkbox"/> \$905	<input type="checkbox"/> \$1055
Non-member Physician	MD, DO, PhD	<input type="checkbox"/> \$995	<input type="checkbox"/> \$1040	<input type="checkbox"/> \$1185
Industry Professional / Non- exhibiting Industry		<input type="checkbox"/> \$1395	<input type="checkbox"/> \$1440	<input type="checkbox"/> \$1590
ACC Member Reduced (Includes CCA Members, CVT, and Emeritus)	PA, RN, NP, CNS, PharmD, Emeritus	<input type="checkbox"/> \$520	<input type="checkbox"/> \$560	<input type="checkbox"/> \$660
Non-member Reduced, CCA, CVT	PA, RN, NP, CNS, PharmD	<input type="checkbox"/> \$665	<input type="checkbox"/> \$710	<input type="checkbox"/> \$755
Fellow-in-Training, Resident, Student	FIT, Resident, Student	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150

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.

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: #2019-169