



REGISTRATION FORM

Core Curriculum for the Cardiovascular Clinician
October 2-5, 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 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/Core2019 to register online

Membership Number (If applicable)

Last Name <i>(Please print clearly)</i>	First Name	Middle Initial
<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> CNS <input type="checkbox"/> Other _____		

Street Address

City	State	Zip
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Office Phone	Office Fax	Email <i>(Please print clearly)</i>
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Practice Administrator's Name	Phone
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What is your primary medical area of interest: (Check one)

- ☐ Adult Cardiology
 ☐ CV Surgery
 ☐ Family/General
 ☐ Internal Medicine
 ☐ IV Cardiology
 ☐ Ped. Cardiology
 ☐ Radiology
 ☐ Other _____

Note: No CME credits will be offered for this course. Physicians are welcomed to attend, with the understanding that only CNE credits are given upon completion.

REGISTRATION TUITION

Please register me as:	Designation	Advance Until 6/30/19	Regular 7/1/19 Until 10/5/19
Member Physician - <i>Includes International Associate</i>	MD, DO, PhD	<input type="checkbox"/> \$900	<input type="checkbox"/> \$1,010
Non-member Physician - <i>Includes Industry Professional</i>	MD, DO, PhD	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,310
AACC/CCA Member - <i>Includes CVT Member, FIT, Resident, Student and Emeritus</i>	PA, RN, NP, CNS, PharmD, FIT, Resident, Student and Emeritus	<input type="checkbox"/> \$845	<input type="checkbox"/> \$945
CCA Non-member	PA, RN, NP, CNS, PharmD, Resident, Student	<input type="checkbox"/> \$945	<input type="checkbox"/> \$1,045

Proof of licensure required for PA, Tech, RN, CNS and NP (non-CCA members). 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
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Card Number	Expiration Date	Security Code
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☐ **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: #2019-1927