



## REGISTRATION FORM

**Cardiovascular Summit - February 6-8, 2020; Marriott Marquis, 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/CVSummit20](http://ACC.org/CVSummit20) to register online

**Membership Number (If applicable)**

<b>Last Name</b> <i>(Please print clearly)</i>	<b>First Name</b>	<b>Middle Initial</b>
<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**

<b>City</b>	<b>State</b>	<b>Zip</b>
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<b>Office Phone</b>	<b>Office Fax</b>	<b>Email</b> <i>(Please print clearly)</i>
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<b>Practice Administrator's Name</b>	<b>Phone</b>
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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 \_\_\_\_\_

**GROUP DISCOUNTS AVAILABLE FOR 2 OR MORE ATTENDEES FROM THE SAME INSTITUTION! Call Member Care at 800-253-4636 ext. 5603 or email [bhindle@acc.org](mailto:bhindle@acc.org) to receive the discount. Thursday's Pre-Conferences and Lunch included in registration fees.**

### REGISTRATION TUITION

Please register me as:	Designation	Early Until 11/08/19	Regular 11/09/19 Until 1/08/20	Late 1/09/20 and Onsite
ACC/AAPL/ASE/ASNC/HRS/MedAxiom/Navigant/SCAI/SCCT/SCMR Member Physician (includes International Associate)	MD, DO, PhD	<input type="checkbox"/> \$1125	<input type="checkbox"/> \$1325	<input type="checkbox"/> \$1425
Non-member Physician (includes Industry Professional)	MD, DO, PhD	<input type="checkbox"/> \$1500	<input type="checkbox"/> \$1700	<input type="checkbox"/> \$1800
ACC/AAPL/ASE/ASNC/HRS/MedAxiom/Navigant/SCAI/SCCT/SCMR Member Executive	CEO, COO, CFO, Director	<input type="checkbox"/> \$1025	<input type="checkbox"/> \$1225	<input type="checkbox"/> \$1325
Non-member Executive	CEO, COO, CFO, Director	<input type="checkbox"/> \$1350	<input type="checkbox"/> \$1550	<input type="checkbox"/> \$1650
ACC/AAPL/ASE/ASNC/HRS/MedAxiom/Navigant/SCAI/SCCT/SCMR CV Administrator	PA, RN, NP, CNS, PharmD, FIT, Student, Emeritus, Resident	<input type="checkbox"/> \$700	<input type="checkbox"/> \$900	<input type="checkbox"/> \$1000
Non-member CV Administrator	PA, RN, NP, CNS, PharmD	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$1200	<input type="checkbox"/> \$1300
ACC/AAPL/ASE/ASNC/HRS/MedAxiom/Navigant/SCAI/SCCT/SCMR Member Reduced (includes CVT Member, FIT, Resident, Student and Emeritus)	PA, RN, NP, CNS, PharmD, FIT, Emeritus, Resident, Student	<input type="checkbox"/> \$700	<input type="checkbox"/> \$900	<input type="checkbox"/> \$1000
Non-member Reduced	PA, RN, NP, CNS, PharmD	<input type="checkbox"/> \$900	<input type="checkbox"/> \$1100	<input type="checkbox"/> \$1200

*Proof of licensure required for PA, Tech, RN, CNS and NP (non-CVT members); letter from training director needed for FIT. 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