REGISTRATION FORM

***37th Annual Recent Advances in Clinical Nuclear Cardiology and Cardiac CT: State-of-the-Art Updates and 101 Evidence-Based Case Reviews* - May 7 - 9, 2015, Capital Hilton, 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 79231, Baltimore, MD 21279-0231
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** ***CardioSource.org/nuclearcard2015*** 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	Advance Until 2/15/15	Advance Gold Package* Until 2/15/15	Regular 2/16/15 - 4/30/15	Regular Gold Package* 2/16/15 - 4/30/15	After 4/30/15 and Onsite	Gold Package* After 4/30/15 and Onsite
Member Physician (includes International Associate)	MD, DO, PhD	□ $900	□ $1101	□ $1000	□ $1186	□ $1100	□ $1271
Non-member Physician (includes Industry Professional)	MD, DO, PhD	□ $1000	□ $1211	□ $1100	□ $1296	□ $1200	□ $1381
Member Reduced (Includes CCA Members, CVT, FIT, Resident, Student and Emeritus)	PA, RN, NP, CNS, PharmD, FIT, Emeritus, Resident, Student	□ $500	□ $680	□ $600	□ $765	□ $700	□ $850
Non-member Reduced	PA, RN, NP, CNS, PharmD	□ $600	□ $871	□ $700	□ $956	□ $800	□ $1041

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.

**Gold package includes: This course and corresponding 2015 Meeting on Demand.*

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