REGISTRATION FORM

40th Annual Cardiology at Big Sky - February 19-23 2018 Huntley Lodge, Big Sky, MT

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**Fax** the registration form to: 202-375-7000
2. **Call** 800-253-4636, ext 5603, or (Outside the U.S and Canada, 202-375-6000, ext. 5603)
3. **Visit** ***ACC.org/2018BigSky***

ACC Member? ___Yes ___ No ACC Membership # (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 Until 9/22/17	Advance 9/23/17 Until 1/12/18	After 1/13/18 and Onsite
Member Physician (includes International Associate)	MD, DO, PhD	☐ $787	☐ $892	☐ $997
Non-member Physician (includes Industry Professional)	MD, DO, PhD	☐ $997	☐ $1,102	☐ $1,207
Member Reduced (Includes CVT, FIT, Resident, Student and Emeritus)	PA, RN, NP, CNS, PharmD, FIT, Emeritus, Resident, Student	☐ $472	☐ $577	☐ $682
Non-member Reduced	PA, RN, NP, CNS, PharmD	☐ $577	☐ $682	☐ $787

*Proof of licensure required for PA, Tech, RN, CNS and NP (non-CVT 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

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6/26/2017