



REGISTRATION FORM

Core Curriculum for the Cardiovascular Clinician
October 3-6, 2018; 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/core2018 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 _____

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 6/30/18	Regular 7/1/18 Until 10/6/18
Member Physician	MD, DO, PhD	☐ \$900	☐ \$1,010
Non-member Physician (Includes Industry Professional)	MD, DO, PhD	☐ \$1,200	☐ \$1,310
AACC/CCA Member (includes CVT Member, FIT, Resident, Student and Emeritus)	PA, RN, NP, CNS, PharmD, FIT, Resident, Student and Emeritus	☐ \$845	☐ \$945
CCA Non member	PA, RN, NP, CNS, PharmD, Resident, Student	☐ \$945	☐ \$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

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: #2018-1927