

As of December 31, 2016, CME credits were discontinued;
revisions in progress.

Access is provided up to 12 months from purchase date.

ARC REGISTRATION FORM

Contact Information (please print clearly)

FIRST NAME/LAST NAME:		DEGREE:		MEMBER ID #:	
INSTITUTION/AFFILIATION:		DEPARTMENT/DIVISION:			
MAILING ADDRESS:					
CITY:	STATE/PROVIDENCE:		COUNTRY:		ZIP/POSTAL CODE:
PHONE:			EMAIL:		
HOW DID YOU FIND OUT ABOUT THIS COURSE:					

Registration Fees

Join and Save! (Ranges from \$30 up to \$140)

THREE purchase options to select from

1	TRACK	MODULES INCLUDED	MEMBER	NON-MEMBER
	<i>(ONE REGISTRANT)</i>			
	PEDIATRIC	1-6 & 17-19	☐ \$ 675	☐ \$ 900
	ADULT	1-16	☐ \$ 900	☐ \$ 1,125
	COMBINED	1-19	☐ \$ 1,125	☐ \$ 1,350
2	GROUP TRACK	MODULES INCLUDED	MEMBERSHIP NOT REQUIRED	
	<i>(THREE OR MORE REGISTRANTS FROM THE SAME UNIVERSITY, INSTITUTE OR FACILITY WITH ONE PAYER)</i>			
	PEDIATRIC	1-6 & 17-19	☐ \$ 525 EACH	
	ADULT	1-16	☐ \$ 675 EACH	
	COMBINED	1-19	☐ \$ 825 EACH	

*Online registration not available with group track, all forms must be faxed in at the same time with one payer to receive the discount rate.

3	INDIVIDUAL MODULE	MEMBER	NON-MEMBER
		☐ \$ 75 each	☐ \$ 112 each
	Core Modules 1-6 ☐ 1. Musculoskeletal Structure and Function, Inflammation and Immunity ☐ 2. Overview of Rheumatic Disease Classification and Clinical Decision Making ☐ 3. Laboratory Evaluation ☐ 4. Musculoskeletal Imaging Studies ☐ 5. Documentation, Coding and Practice Issues ☐ 6. Therapeutic Interventions and Resources	Adult Modules 7-16 ☐ 7. Osteoarthritis ☐ 8. Rheumatoid Arthritis ☐ 9. Lupus ☐ 10. Scleroderma, Myositis and Sjögren's Syndrome ☐ 11. Vasculitis, Arteritis and PMR ☐ 12. Crystal-induced Arthropathies ☐ 13. Pain Syndromes ☐ 14. Spondylarthropathies ☐ 15. Infectious Processes ☐ 16. Metabolic Bone Disease	Pediatric Modules 17-19 ☐ 17. Chronic Arthropathies of Childhood ☐ 18. Pediatric Connective Tissue Diseases: Systemic Lupus, Juvenile Dermatomyositis and Scleroderma ☐ 19. Other Pediatric Conditions: Non-inflammatory Musculoskeletal Pain, Hypermobility Syndrome, Complex Regional Pain Syndromes and Fibromyalgia

For additional information contact ARHP staff at 404-633-3777 x808 for details.

Payment information (please print clearly)

☐ **CHECK ENCLOSED**

CHECK # _____ FOR \$ _____
PLEASE MAKE CHECK PAYABLE TO: AMERICAN COLLEGE OF RHEUMATOLOGY

MAIL CHECK & FORM TO:

AMERICAN COLLEGE OF RHEUMATOLOGY
PO BOX 102295, ATLANTA, GA 30368

FAX FORM TO:

404.633.1870

☐ **PAYMENT BY CREDIT CARD:**

☐ VISA ☐ MASTERCARD ☐ AMEX

CREDIT CARD NUMBER

-

EXPIRATION DATE

SECURITY CODE

CARDHOLDER SIGNATURE

CARDHOLDER NAME AS IT APPEARS ON CREDIT CARD

Questions?

American College of Rheumatology · p: 404.633.3777 · f: 404.633.1870 · Visit us online at www.rheumatology.org today!



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