



REGISTRATION FORM

Advancing Cardiovascular Care of the Oncology Patient
February 16-18, 2018; Washington, D.C.

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 21279-0231
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** ACC.org/cardio-oncologycourse to register online

Membership Number (If applicable)

Last Name <i>(Please print clearly)</i>	First Name	Middle Initial
☐ MD ☐ DO ☐ PhD ☐ RN ☐ NP ☐ PA ☐ CNS ☐ Other _____		

Street Address

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

REGISTRATION TUITION

Please register me as:	Designation	Early Before 10/28/17	Regular 10/29/17 – 1/20/18	Onsite 1/21/18 – 2/18/18
Member Physician (includes International Associate)	MD, DO, PhD	☐ \$445	☐ \$545	☐ \$645
Non-member Physician (includes Industry Professional)	MD, DO, PhD	☐ \$675	☐ \$775	☐ \$875
Member Reduced (Includes CCA Members, CVT, FIT, Resident, Student and Emeritus)	PA, RN, NP, CNS, PharmD, FIT, Emeritus, Resident, Student	☐ \$295	☐ \$395	☐ \$495
Non-member Reduced	PA, RN, NP, CNS, PharmD	☐ \$399	☐ \$499	☐ \$599

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.

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
Source Code: #2018-1649