

REGISTRATION FORM

“Boot Camp” for Cardiology Fellowship Program Directors and Coordinators Educating the Educators

Saturday, March 13, 2010, 7:30 a.m.- 3:30 p.m., Atlanta, GA

Please use **ONE of these methods** to register; (do not mail if previously faxed, telephoned or registered online)

1. **Mail** the registration form to: Housing and Registration Center, 11208 Waples Mill Road, Suite 112, Fairfax, VA 22030
2. **Fax** the registration form to: (703) 631-1167
3. **Phone** (800) 699-5113
4. **Online** visit http://acc10.acc.org/reg_hous/Pages/Registrationinformation.aspx

For those attending ACC.10, register at http://acc10.acc.org/reg_hous/Pages/Registrationinformation.aspx

Hotel accommodations must be made through the 2010 Conference site at

<http://acc10.acc.org/Pages/ACC2010Home.aspx>

Membership Number (If applicable)

Last Name (Please print clearly)

First Name

Middle Initial

MD DO PhD RN NP PA CNS PharmD Other _____

Street Address

City

State

Zip

Office Phone

Office Fax

Email (Please print clearly)

Practice Administrator's Name

Phone

What is your primary medical specialty: (Check one)

Adult Cardiology CV Surgery Family/General Internal Medicine Ped. Cardiology Radiology Other _____

REGISTRATION TUITION Pre-Registration Deadline: 3/10/10

		Advance until March 10, 2010	Onsite & After March 10, 2010
Please register me as:	Designation		
Member Physician	MD, DO, PhD	<input type="checkbox"/> \$150	<input type="checkbox"/> \$179
International Associate	MD, DO, PhD	<input type="checkbox"/> \$150	<input type="checkbox"/> \$179
Nonmember Physician	MD, DO, PhD	<input type="checkbox"/> \$175	<input type="checkbox"/> \$209
CCA Member	Nurse Practitioner, Nurse, Physician Assistant, Clinical Nurse Specialist, Pharmacist, Practice Administrator and/or Coordinator	<input type="checkbox"/> \$115	<input type="checkbox"/> \$145
Reduced	FIT, Emeritus, Resident	<input type="checkbox"/> \$135	<input type="checkbox"/> \$165
CCT Non member	Nurse Practitioner, Nurse, Physician Assistant, Clinical Nurse Specialist, Pharmacist, Practice Administrator and/or Coordinator	<input type="checkbox"/> \$135	<input type="checkbox"/> \$165
Industry Professional		<input type="checkbox"/> \$175	<input type="checkbox"/> \$209

Proof of licensure required for CCT Non members (PA, Tech, RN, CNS and NP); letter from training director needed for Fellow in Training.

International registrants are urged to FAX application to the ACCF.

Payment must accompany application.

Check payable to **ACC.10 Meeting Registration** in US dollars drawn on a US bank

MasterCard VISA American Express

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

Kosher

Source Code: #2009-1082