



# REGISTRATION FORM

32nd Annual Recent Advances in Clinical Nuclear Cardiology and Cardiac CT  
Featuring Case Review with the Experts  
May 6-8, 2010; Ritz-Carlton, 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 Foundation; Attn: Resource Center  
P.O. Box 79231, 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** [www.acc.org/nuclearcard](http://www.acc.org/nuclearcard) to register online or go to [www.acc.org](http://www.acc.org) and click Programs to register

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  IV Cardiology  Ped. Cardiology  Radiology  Other \_\_\_\_\_

## REGISTRATION TUITION Pre-Registration Deadline: 4/22/10

Please register me as:	Designation	Regular 2/1/10 – 4/22/10	Onsite & After 4/22/10
Member Physician ACC, ASE, ASNC, SCCT	MD, DO, PhD	<input type="checkbox"/> \$800	<input type="checkbox"/> \$925
International Associate	MD, DO, PhD	<input type="checkbox"/> \$805	<input type="checkbox"/> \$955
Nonmember Physician	MD, DO, PhD	<input type="checkbox"/> \$970	<input type="checkbox"/> \$1095
CCA Member	PA, RN, NP, CNS, PharmD	<input type="checkbox"/> \$550	<input type="checkbox"/> \$645
Reduced	FIT, Emeritus, Resident	<input type="checkbox"/> \$550	<input type="checkbox"/> \$645
Tech/Sonographer		<input type="checkbox"/> \$550	<input type="checkbox"/> \$645
CCT Non member	PA, RN, NP, CNS, PharmD	<input type="checkbox"/> \$650	<input type="checkbox"/> \$750
Industry Professional		<input type="checkbox"/> \$970	<input type="checkbox"/> \$1095

*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: American College of Cardiology Foundation, 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

Kosher

Source Code: #2010-1853