

Advance Registration and Hotel Reservation Form

A. Contact Information (to be completed by all attendees)

Please complete and submit this page along with one of the following conference registration pages:

- B. To register for ACC.08 only
- C. To register for SCAI-ACCi2 only
- D. To register for both ACC.08 and SCAI-ACCi2 for special savings!

1. Name/Mailing Address

_____		_____		_____	
First/Given Name	Middle Initial	Last/Family Name			
_____			_____		
Institution/Hospital/Office			ACC Customer Number /SCAI Member Number		
Address <input type="checkbox"/> Home <input type="checkbox"/> Office (Your badge will be mailed to this address. Forms must be received by 2/20/2008 in order for badge to be mailed.)					
_____		_____		_____	
City	State	ZIP	Country		
_____			_____		
Telephone			Fax		

E-mail					
<small>(all meeting confirmations will be e-mailed or faxed)</small>					

2. Badge Information (Information will appear on badge exactly as written.)

_____		_____	
Name	Degree		
_____		_____	
City	State/Country		

3. Family Member

_____		_____	
First/Given Name	Last/Family Name		

4. First-Time Attendee

6. Hotel Reservation (Individuals requiring hotel reservations **must register** for ACC.08 and/or SCAI-i2)

No hotel required; staying at/sharing with _____.

Give priority to: Rate Location Specific Hotel/Chain

Arrival: Day _____ March _____, 2008 Departure: Day _____ March/ April _____, 2008

1st Choice _____ 3rd Choice _____

2nd Choice _____ 4th Choice _____

Check: Single (1 person/1 bed) One-Bedroom Suite (sleeping room and parlor)

Double (2 persons/1 bed) Double - Double (2 persons/2 beds)

Special Requests _____.

Note: Hotel rooms are limited. If your choices are not available (check one):

- Do not assign me a room.
- Assign me a room at any available hotel.

7. Special Needs Audio Mobile Visual; please describe: _____

8. Hotel Deposit Payment: A deposit equal to one night's room and tax charges at your selected hotel is required.

Payment type: VISA Mastercard American Express

Credit Card Number: _____ Expiration Date: _____

Card Holder's Name: _____ Card Holder's Signature: _____

By signing this form, I authorize my credit card to be charged per the terms stated above.

HOTEL DEPOSIT: All hotel reservations must be guaranteed by a major credit card. If you are unable to provide a credit card to guarantee your reservation you will be required to issue a check to your assigned hotel. Instructions regarding checks payments will be included on your confirmation. If you make a hotel reservation by fax or mail, a confirmation will be sent to you by fax or e-mail within five days of receipt. Deposits will be refunded if reservations are cancelled 72 hours prior to arrival.

Remove my name from mailing lists rented by the ACC.

5. Registrant Profile

This information must be complete or registration will not be accepted.

A. Medical Specialty (check one)

- A Adult Cardiology
- B Pediatric Cardiology
- C Cardiovascular Surgery
- D Internal Medicine
- E Family/General Practice
- F Radiology
- G Nuclear Medicine
- H Pharmacology
- I Adult Congenital
- Z Other _____

B. Primary Activity (check all that apply)

- A Direct Patient Care
- B Medical Teaching
- C Medical Research
- D Administration
- Z Other _____

C. Primary Clinical Focus (check one)

- A Imaging
- B Interventional
- C Electrophysiology
- D General
- E Pediatric
- F Surgery
- G Vascular Medicine
- H Heart Failure
- I Transplant
- J Preventive
- K Adult Congenital
- Z Other _____

D. Nonclinical (check all that apply)

- A Quality Improvement
- B Database Management
- Z Other _____

E. Special Interest Groups (optional)

- A Women Cardiologists
- B Early Career (1 – 5 years in practice)

F. Nonmedical Primary Focus

(check all that apply)

- A Sales/Marketing
- B Research
- C Education
- D Consulting
- E Product Training
- F Management/Administration
- Z Other _____

ACC.08 and SCAI-ACCi2: March 29 – April 1, 2008

B. ACC.08 ONLY Registration Form

Registrant Name _____

Registration Payment

- Check enclosed
(payable to Chicago 2008 Meeting Registration
U.S. funds drawn on a U.S. bank)
- American Express
 Visa
 Mastercard

Card Number _____

Exp. Date _____

Print Name _____

Signature _____

How to Register:

By Internet—

www.acc08.acc.org
www.SCAI-ACCi2.org

By Fax —

24 Hours – Credit Card Only
(703) 631-1167

By Telephone —

Credit Card Only
Have This Form Handy!
(800) 699-5113
(8:30 a.m. – 5 p.m. EST)
(703) 449-6418 — Outside the United States and
Canada

By Mail —

Registration and Housing Center
11208 Waples Mill Rd
Suite 112
Fairfax, VA 22030
chicago08meeting@jspargo.com

Registration Category	Code	ACC.08 (AFULL)		
		Early Bird Until Oct. 31	Advance Until Feb. 20	On-Site
ACC Member: <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Ph.D.	(1)	\$295	\$350	\$430
<input type="checkbox"/> ACC International Associate	(3)	\$395	\$450	\$530
ACC Cardiac Care Associate Member: <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Clinical Nurse Specialist <input type="checkbox"/> Pharmacist (New)	(4)	\$155	\$155	\$155
<input type="checkbox"/> ACC Fellow in Training Member	(5)	\$50	\$50	\$50
<input type="checkbox"/> ACC.08 Abstract Presenter	(6)	n/a	\$75	\$75
ACC Nonmember: <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Ph.D.	(2)	\$855	\$915	\$990
<input type="checkbox"/> ACC Nonmember Trainee/Resident *	(7)	\$155	\$180	\$235
ACC Nonmember, Nonphysician*: <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Clinical Nurse Specialist <input type="checkbox"/> Nutritionist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Exercise Physiologist <input type="checkbox"/> Technologist	(8)	\$305	\$365	\$440
Administrator * <input type="checkbox"/> Hospital <input type="checkbox"/> Practice	(9)	\$560	\$615	\$690
Nonmedical: (no CME credit) <input type="checkbox"/> Health Care Consultant <input type="checkbox"/> Pharma Industry <input type="checkbox"/> Medical Device Industry	(10)	\$855	\$915	\$990
<input type="checkbox"/> Exhibits-Only (no CME credit)	EX0	\$260	\$315	\$395
ACC.08 One-Day <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	ASUN AMON ATUE	\$365	\$390	\$415
<input type="checkbox"/> Family Member — per person (exhibits only)	SG01	\$50	\$50	\$50

REGISTRATION FEE

(amount circled above)

\$ _____

*Verification categories are required to submit, with the registration form, proof of licensure, a business card, or a letter written on official letterhead and signed by a department supervisor verifying status. Registration forms without proper documentation will be charged the Nonmedical registration rate.

ACC.08 and SCAI-ACCi2: March 29 – April 1, 2008

C. SCAI-ACCi2 ONLY Registration Form

Registrant Name _____

Registration Payment

Check enclosed
(payable to Chicago 2008 Meeting Registration
U.S. funds drawn on a U.S. bank)

- American Express
 Visa
 Mastercard

Card Number _____

Exp. Date _____

Print Name _____

Signature _____

How to Register:

By Internet—

www.acc08.acc.org
www.SCAI-ACCi2.org

By Fax —

24 Hours – Credit Card Only
(703) 631-1167

By Telephone —

Credit Card Only
Have This Form Handy!
(800) 699-5113
(8:30 a.m. – 5 p.m. EST)
(703) 449-6418 — Outside the United States and
Canada

By Mail —

Registration and Housing Center
11208 Waples Mill Rd
Suite 112
Fairfax, VA 22030
chicago08meeting@jspargo.com

Registration Category	Code	SCAI-ACCi2 (IFULL)		
		Early Bird Until Oct. 31	Advance Until Feb. 20	On-Site
ACC or SCAI Member: <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Ph.D.	(1)	\$385	\$455	\$560
<input type="checkbox"/> ACC International Associate	(3)	\$385	\$455	\$560
ACC Cardiac Care Associate Member: <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Clinical Nurse Specialist <input type="checkbox"/> Pharmacist (New)	(4)	\$205	\$205	\$205
<input type="checkbox"/> ACC or SCAI Fellow in Training Member	(5)	\$50	\$50	\$50
<input type="checkbox"/> SCAI-ACCi2 Abstract Presenter	(6)	n/a	\$75	\$75
ACC or SCAI Nonmember: <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Ph.D.	(2)	\$855	\$915	\$990
<input type="checkbox"/> ACC or SCAI Nonmember Trainee/Resident *	(7)	\$205	\$235	\$310
ACC or SCAI Nonmember, Nonphysician*: <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Clinical Nurse Specialist <input type="checkbox"/> Nutritionist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Exercise Physiologist <input type="checkbox"/> Technologist	(8)	\$400	\$475	\$575
Administrator * <input type="checkbox"/> Hospital <input type="checkbox"/> Practice	(9)	\$730	\$800	\$900
Nonmedical: (no CME credit) <input type="checkbox"/> Health care Consultant <input type="checkbox"/> Pharma Industry <input type="checkbox"/> Medical Device Industry	(10)	\$855	\$915	\$990
<input type="checkbox"/> Exhibits-Only (no CME credit)	EX0	\$260	\$315	\$395
SCAI-ACCi2 One-Day <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	ISAT ISUN IMON ITUE	\$475	\$510	\$540
<input type="checkbox"/> Family Member — per person (exhibits only)	SG01	\$50	\$50	\$50

REGISTRATION FEE

(amount circled above)

\$ _____

*Verification categories are required to submit, with the registration form, proof of licensure, a business card, or a letter written on official letterhead and signed by a department supervisor verifying status. Registration forms without proper documentation will be charged the Nonmedical registration rate.

D. ACC.08 and SCAI-ACCi2 Registration Form

Registrant Name _____

Registration Payment

- Check enclosed
(payable to Chicago 2008 Meeting Registration
U.S. funds drawn on a U.S. bank)
- American Express
- Visa
- Mastercard

Card Number _____

Exp. Date _____

Print Name _____

Signature _____

How to Register:

By Internet—
www.acc08.acc.org
www.SCAI-ACCi2.org

By Fax —
24 Hours – Credit Card Only
(703) 631-1167

By Telephone —
Credit Card Only
Have This Form Handy!
(800) 699-5113
(8:30 a.m. – 5 p.m. EST)
(703) 449-6418 — Outside the United States and
Canada

By Mail —
Registration and Housing Center
11208 Waples Mill Rd
Suite 112
Fairfax, VA 22030
chicago08meeting@jspargo.com

Registration Category	Code	ACC.08 & SCAI-ACCi2 (FULL)		
		Early Bird Until Oct. 31	Advance Until Feb. 20	On-Site
ACC or SCAI Member: <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Ph.D.	(1)	\$580	\$685	\$845
<input type="checkbox"/> ACC International Associate	(3)	\$665	\$770	\$930
ACC Cardiac Care Associate Member: <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Clinical Nurse Specialist <input type="checkbox"/> Pharmacist (New)	(4)	\$310	\$310	\$310
<input type="checkbox"/> ACC or SCAI Fellow in Training Member	(5)	\$75	\$75	\$75
<input type="checkbox"/> ACC.08 or SCAI-ACCi2 Abstract Presenter	(6)	n/a	\$100	\$100
ACC or SCAI Nonmember: <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Ph.D.	(2)	\$1,455	\$1790	\$1,940
<input type="checkbox"/> ACC or SCAI Nonmember Trainee/Resident *	(7)	\$310	\$355	\$465
ACC or SCAI Nonmember, Nonphysician*: <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Clinical Nurse Specialist <input type="checkbox"/> Nutritionist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Exercise Physiologist <input type="checkbox"/> Technologist	(8)	\$600	\$715	\$865
Administrator * <input type="checkbox"/> Hospital <input type="checkbox"/> Practice	(9)	\$1,100	\$1,205	\$1,355
Nonmedical: (no CME credit) <input type="checkbox"/> Health care Consultant <input type="checkbox"/> Pharma Industry <input type="checkbox"/> Medical Device Industry	(10)	\$1,580	\$1685	\$1,825
<input type="checkbox"/> Exhibits-Only (no CME credit)	EX0	\$260	\$315	\$395
<input type="checkbox"/> Family Member — per person (exhibits only)	SG01	\$50	\$50	\$50

REGISTRATION FEE
(amount circled above) \$ _____

*Verification categories are required to submit, with the registration form, proof of licensure, a business card, or a letter written on official letterhead and signed by a department supervisor verifying status. Registration forms without proper documentation will be charged the Nonmedical registration rate.