

CONFERENCE REGISTRATION



Michigan Chapter ACC
September 26-28, 2008
Grand Traverse Resort

1. Please register me for the conference.

Today's Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Company/Institution/Practice: _____

Designation: MD DO PhD PA RN NP PharmD Other (please specify) _____

Address: _____

City: _____ State _____ Zip _____ Country _____

Email: _____ Telephone: _____

ACC member: Yes No If yes, enter member number _____

2. I plan to attend the following.

- FRIDAY**
- Cardiac Care Associate (CCA) Session
 - Oral Case Competition
 - Poster Competition Finals
 - PAD Symposium
 - Interventional Cardiology at the Crossroads
 - Welcome Reception

- SATURDAY**
- Continental Breakfast
 - General Scientific Session
 - Lunch with the President

Dietary Restrictions: _____

- SUNDAY**
- Continental Breakfast
 - General Scientific Session

3. Please register my spouse/guest.

Name: _____

4. My spouse/guest will attend the following.

- Welcome Reception
- Lunch with the President (\$25)

Dietary Restrictions: _____

5. My child(ren) will attend Kid's Night during the Welcome Reception.

Kid's Night offers age-appropriate food and activities for children ages 3-12 during the Welcome Reception. The cost is \$25 per child.

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

6. Tuition

Tuition includes all conference and preconference sessions, CME/CE credits, syllabus, two continental breakfasts, Welcome Reception, and *Lunch with the President* on Saturday. Tuition also includes a Box Lunch for those attending the CCA Session on Friday.

Spouses/guests are invited to attend the Welcome Reception (complimentary) and Lunch with the President (\$25 ticket).

Determine amount due by checking all that apply:

- ACC member physician 195
- Non-member physician 275
- ACC Cardiac Care Associate member 95
- Non-member Allied Health Professional (RN, NP, PA, etc.) 150
- Cardiology Fellow in Training *waived*
- Internal Medicine Resident *waived*
- Spouse/guest ticket for Saturday
Lunch with the President \$25 X _____
(indicate # of tickets)
- Kid's Night (during Welcome Reception) \$25 X _____
(indicate # of tickets)

Amount due \$ _____

7. Payment

- My check (payable to Michigan Chapter ACC) is enclosed.
- Please charge my credit card: VISA MC Am Ex

Name on card (print clearly) _____

Card number _____ Exp. Date _____

Cancellations: Full refund is made when written cancellation is emailed (dmsdiane@concentric.net) or faxed (517-663-5245) by Friday, September 23. Fees will not be refunded for no-shows. In the unlikely event that the program is cancelled, the Chapter is responsible only for full refund of the registration fee, not for transportation or hotel accommodations.

8. Return form to:

MCACC 20th Anniversary Conference 2008
620 Hall Street
Eaton Rapids, MI 48827
Fax: 517-663-5245

**Faxed registration forms are accepted and encouraged to reserve a space at the conference. Payment may follow in the mail if necessary.*

**Confirmation will be mailed to the address entered in #1 above.*