



# CONFERENCE REGISTRATION

## 19<sup>th</sup> Annual Conference of the Michigan Chapter of the American College of Cardiology

Oct. 5-7, 2007

### QUESTIONS?

Alice Betz, Michigan Chapter Executive Secretary  
517-663-6622 alice@accmi.org

Diane Drago, Conference Coordinator  
517-663-5147 dmsdiane@concentric.net

### 1. I wish to register for Hot Heart Topics for 2007.

Name \_\_\_\_\_  
(As you wish it to appear on name badge)

MD  DO  PhD  RN  NP  PA  Other \_\_\_\_\_  
Please specify

Hospital or Practice Affiliation \_\_\_\_\_  
(As you wish it to appear on name badge)

Address \_\_\_\_\_  
(At which you wish to receive your confirmation)

City/State/Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### 2. I plan to attend the following.

(This will help us to plan for meals and room set up — please check all that apply.)

FRIDAY  Welcome Reception  
SATURDAY  Continental breakfast  
 General Session  
 Lunch with Lewin — Dietary restrictions:  
\_\_\_\_\_

Fellows Oral Case Competition  
 Fellows Poster Competition Finals  
 Cardiac Care Associate Sessions

SUNDAY  Continental breakfast  General Session

### 3. I wish to register my spouse/guest.

Name \_\_\_\_\_

### 4. My spouse/guest will attend the following.

Welcome Reception (complimentary)  
 Lunch with Lewin (\$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. Registration Fees

Conference registrant's fee includes: All general and optional sessions, syllabus, CME credits, Welcome Reception, two continental breakfasts and "Lunch with Lewin" on Saturday.

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

Determine amount due by checking all that apply:

- Chapter member physician \$250
- Non-member physician \$275
- Fellow-in-training *waived*
- Resident participating in case or poster competition *waived*
- Allied health professional (includes Cardiac Care Associates) \$100
- Cardiac Care Associate participating in CCA poster competition *waived*
- Spouse/guest ticket for Saturday's Lunch with Lewin \$25 x \_\_\_\_\_  
(indicate # of tickets)
- Kid's Night (during Welcome Reception) \$25 x \_\_\_\_\_  
(indicate # of children)

Amount due: \$ \_\_\_\_\_

### 7. Payment

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

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 28. 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:

Hot Heart Topics for 2007  
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.

\*Do not assume you are registered for the conference unless you receive a confirmation in the mail.