registration

ACCP CRITICAL CARE Board Review 2009
August 21-25, 2009
JW Marriott Desert Ridge Resort & Spa • Phoenix, AZ

4 EASY WAYS TO REGISTER

1. Register online at www.chestnet.org.
2. Fax this form with credit card information to ACCP Customer Relations at (847) 498-5460 or (847) 498-8313.
3. Call ACCP Customer Relations at (800) 343-2227 or (847) 498-1400 (credit card registrants only).
4. Mail this form with credit card information or check to:
   American College of Chest Physicians
   PO Box 93826, Chicago, IL 60673

TUITION CANCELLATION POLICY

Tuition refund requests for this course must be received in writing by August 7 for a full refund, less a $50 processing fee. No refunds will be available after August 7.

TUITION *(check one)*

Tuition by Category	On or Before 7/20/09	After 7/20/09	On-site
ACCP Member *(Physician and/or Doctoral)*	☐ $860	☐ $910	☐ $960
Nonmember *(Physician and/or Doctoral)*	☐ $1,025	☐ $1,075	☐ $1,125
ACCP Affiliate Member	☐ $505	☐ $555	☐ $605
Physician-in-Training *(verification required)*	☐ $665	☐ $715	☐ $765
ACCP Allied Health Member	☐ $505	☐ $555	☐ $605
Allied Health Nonmember *(Nonphysician/Nondoctoral/ Nonstudent)*	☐ $665	☐ $715	☐ $765

OPTIONAL COURSES

Tuition by Session	On or Before 7/20/09	On or After 7/20/09	On-site
ABIM Critical Care Medicine SEP and Pulmonary Disease SEP *(7509)*	☐ $70	☐ $110	☐ $120
Mechanical Ventilation *(7508)*	☐ $70	☐ $110	☐ $120
Lung Pathology *(7507)*	☐ $70	☐ $110	☐ $120

Board Review Total $_____

Optional Session(s) Total $_____

TOTAL DUE $_____

AMERICAN COLLEGE OF CHEST PHYSICIANS®

REGISTER TODAY

Name_____

ACCP ID#_____

AACN#_____

Degree ☐ MD ☐ DO ☐ Other_____

Specialty, Subspecialty_____

Address _____

Address _____

City _____ State _____

Zip Code _____ Country _____

Phone _____ Fax _____

E-mail _____

Address Type: ☐ Home ☐ Office

The ACCP only contracts with facilities that meet American Dietetic Association (ADA) compliance and strives to meet the dietary needs of course registrants.

PAYMENT

Check *(payable to ACCP)*

☐ VISA ☐ MasterCard ☐ American Express

Credit card # _____

Exp. date _____

Signature _____

For additional information, contact ACCP Customer Relations at (800) 343-2227 or (847) 498-1400.

Product Code 7505