

# Registration Form

## 7th Annual Oregon Cardiovascular Symposium

June 5 – 6, 2010

Doubletree Lloyd Center – Portland, Oregon

### Registration Contact Information

Please neatly fill in the form completely as the information will also be used for your online CME and CNE Credits

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Company/ Institution/Practice \_\_\_\_\_

Designation \_\_\_\_\_ Specialty \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

ACC Member: Yes \_\_\_\_\_ ACC Member Number \_\_\_\_\_

Nursing License Number \_\_\_\_\_

Today's Date \_\_\_\_\_ Special Meals Request: Vegetarian  Vegan

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### Registration Fee

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	Advance Registration by May 20, 2010	Regular Registration After May 20, 2010	Applicable Fees (Please Complete)
Oregon Cardiovascular Symposium	Physicians – \$245 Other – \$165	Physicians – \$295 Other – \$215	
	Applicable Registration Fees		
	Amount to be Charged		

### Symposium Registration Payment

Payment by Check (Make check payable to Oregon Chapter ACC)

Payment by Credit Card \_\_\_\_\_ AMEX \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ Amount \$ \_\_\_\_\_

Card Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Zip Code of Card \_\_\_\_\_

Signature \_\_\_\_\_

**Cancellations** – Made by May 20, 2010 will receive refunds less a \$50 handling fee. Cancellations after May 20, 2010 are nonrefundable, but may be transferred to another person.

**Return This Form to:** Oregon Chapter of the ACC, PO Box 55424, Portland, OR 97238

**Questions?** 503-345-9294 (phone or fax) or Alan Morasch, ACC Chapter Administrator at alan@cardiologyinoregon.org