

Registration Form

8th Annual Oregon Cardiovascular Symposium

June 4 – 5, 2011

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 _____ Other _____

I plan to attend the Maintenance of Certification (MOC) Course on Sunday – (No add'l fee) Yes _____ No _____

Registration Fee

	Advance Registration by May 20, 2011	Regular Registration After May 20, 2011	Applicable Fees (Please Complete)
Oregon Cardiovascular Symposium	Physicians – \$245 Other – \$175	Physicians – \$295 Other – \$225	
	Amount to be Charged		

Symposium Registration Payment

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

Payment by AMEX _____ VISA _____ MasterCard _____ Amount \$ _____

Card Account # _____ Exp. Date _____ Sec. Code of Card _____

Name on Card _____ Signature _____

Cancellations – Made by May 20, 2011 will receive refunds less a \$50 handling fee. Cancellations after May 20, 2011 are nonrefundable, but may be transferred to another person.

Return This Form to: Oregon Chapter of the ACC, PO Box 55424, Portland, OR 97238 or FAX to 360-256-5597

Questions? 503-345-9294 or Alan Morasch, ACC Chapter Administrator at alan@cardiologyinoregon.org