

17th Annual Oregon Cardiovascular Symposium
Friday/Saturday, April 17-18, 2020

Registration Form

Registration Contact Information *Please neatly fill in the form.*

First Name _____ Last Name _____ M.I. _____

Company/Institution/Practice _____

Designation _____ Specialty _____

Address _____

City _____ State _____ ZIP _____

Office Phone _____

E-Mail _____

Are you an ACC Member: Yes No Your ACC Mbr. Number _____

Today's Date _____ Special Meal Request: Vegetarian Vegan Other _____

Symposium Registration Fees

	<u>Registration</u>
Physicians*	<input type="checkbox"/> \$350
Non-Physicians	<input type="checkbox"/> \$225

*Physician pricing reflects the MOC credit cost

Symposium Registration Payment

Check Enclosed (*Make check payable to Oregon Chapter ACC Education Foundation*)

VISA MasterCard AMEX Amount \$ _____ Sec. Code of Card _____

Card # _____ Exp. Date _____

Name on Card _____

Signature _____

I would like to support the Oregon Chapter ACC Education Foundation with a tax-deductible gift in the amount of \$ _____

Cancellation Policy

Cancellations are nonrefundable, but transferable to another person.

Return This Form to

Oregon Chapter of the ACC, PO Box 55424, Portland, OR 97238 503-345-9294
For more information or to **register online**, visit www.cardiologyinoregon.org

Questions?

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