



**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

\*\*\*\*\*

**Registration Fee**

	Advance Registration by May 10, 2009	Regular Registration After May 10, 2009	Applicable Fees (Please Complete)
Oregon STEMI Summit	All - \$75	All - \$95	
Oregon Cardiovascular Symposium	Physicians - \$225 Other - \$155	Physicians - \$275 Other - \$195	
	Applicable Registration Fees		
	(Registration Discount of \$50.00 if you Register for Both Meetings)		
	Amount to be Charged		

\*\*\*\*\*

**Symposium Registration Payment**

Payment by Check (Make check payable to Oregon Chapter ACC) \_\_\_ VISA \_\_\_ MasterCard \_\_\_ Amount \$ \_\_\_\_\_

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

Signature \_\_\_\_\_

**Cancellations** - Made by May 10, 2009 will receive refunds less a \$50 handling fee. Cancellations after May 10, 2009 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