

# 11th ANNUAL ACCP COMMUNITY ASTHMA AND COPD COALITIONS SYMPOSIUM CHEST 2009 REGISTRATION FORM

Wednesday and Thursday, November 4-5, 2009  
Manchester Grand Hyatt San Diego, California

If you wish to attend any other sessions or courses offered at CHEST 2009 please register via [www.chestnet.org](http://www.chestnet.org). Otherwise, you may register on-site, at The San Diego Convention Center in San Diego, California.

## Registration Information

REGISTRATION DEADLINE: OCTOBER 9, 2009

*Complete all areas.*

Coalition Name \_\_\_\_\_

ACCP ID# IF YOU DON'T KNOW, LEAVE BLANK \_\_\_\_\_

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

Professional Designation \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_ Home \_\_ Office \_\_\_\_\_

City, State/Province, Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

\_\_ Home \_\_ Office Daytime Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Registration Category  
*(Please check only one)*

*Please indicate which day(s) you wish to attend.*  
*(To attend the entire symposium, please check both days)*

- ACCP Allied Health Member \$75.00/per day  
 Allied Health Nonmember (Nonphysician/Nondoctoral/Nonstudent) \$125.00/per day

- 3740 Wednesday, November 4, 2009  
 3741 Thursday, November 5, 2009

## Payment

*Enter fees from above.*

Check/Money Order (Drawn on a US bank in US dollars) payable to ACCP enclosed.

Total Payment Due \$ \_\_\_\_\_

Please charge my:

American Express  MasterCard  Visa

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Refund requests must be received in writing on or before October 9, 2009, for full reimbursement less a \$50 processing fee.  
Refunds will not be issued after October 9, 2009

### Fax

Attention: Beth Corey  
(847) 498-5460

### Phone

For more Information,  
Contact Beth Corey  
(847) 498-8366

### Mail

American College of Chest Physicians  
Attention: Beth Corey  
3300 Dundee Road  
Northbrook, IL 60062  
USA  
[bcorey@chestnet.org](mailto:bcorey@chestnet.org)

### Special Requests

List your special needs--include mobility and dietary needs (*i.e.*, vegetarian, kosher) etc:

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