10th ANNUAL ACCP COMMUNITY ASTHMA AND COPD COALITIONS SYMPOSIUM

CHEST 2008 REGISTRATION FORM

Wednesday and Thursday, October 29-30, 2008
Pennsylvania Convention Center
Philadelphia, Pennsylvania

If you wish to attend any other sessions or courses offered at CHEST 2008 please register via www.chestnet.org. Otherwise, you may register on-site, at The Pennsylvania Convention Center, Philadelphia, Pennsylvania

Registration Information

Complete all areas.

REGISTRATION DEADLINE: OCTOBER 7, 2008

Coalition Name _____

ACCP ID# *IF YOU DON'T KNOW, LEAVE BLANK* _____

First, Middle Initial, Last Name _____

Professional Designation _____

Mailing Address _____

_____

City, State/Province, Zip/Postal Code _____

Country _____

Daytime Phone _____

Fax _____

E-mail _____

Registration Category
(Please check only one)

❍ ACCP Physician Member	$175.00/ per day
❍ Physician Nonmember	$275.00/ per day
❍ ACCP Affiliate Member	$50.00/ per day
❍ Physician-in-Training Nonmember	$100.00/ per day
❍ ACCP Allied Health Member	$50.00/ per day
❍ Allied Health Nonmember	$100.00/ per day
❍ ACCP Fellow Emeritus	$25.00/ per day

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

❍ 3669	Wednesday, October 29, 2008
❍ 3670	Thursday, October 30, 2008

Payment
Enter fees from above.

Total Payment Due $ _____

❍ Check/money order (drawn on a US bank in US dollars) payable to ACCP enclosed.

Please charge my:

❍ American Express ❍ MasterCard ❍ Visa

_____
Credit Card Number Expiration Date

_____
Signature

Refund requests must be received in writing **on or before October 7, 2008,** for full reimbursement less a $50 processing fee.
Refunds will not be issued after October 7, 2008

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
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Northbrook, IL 60062
USA
bcorey@chestnet.org

Special Requests

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

_____

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