

CHEST 2009 Registration Form

Complete both sides of the form.

FIRST NAME

M.I.

LAST NAME (SURNAME)

DEGREE

Special Events

Please indicate your intent to participate. Participation will be available on first-come, first-served basis. Marking a box does not guarantee your participation.

- Affiliate NetWork Luncheon
(Monday, November 2)
- Community Outreach Event
(Monday, November 2)
- 5K Lung Health Walk/Run
(Tuesday, November 3)
- Women's Health NetWork Luncheon
(Tuesday, November 3)
- Cultural Diversity in Medicine NetWork
Luncheon (Wednesday, November 4)

Special Needs

The ACCP only contracts with facilities that meet ADA compliance and strives to meet the dietary needs of CHEST registrants.

ACCP Simulation Center

Register for the ACCP Simulation Center sessions at www.chestnet.org. Details and ticket pricing information are available online. **Space is limited; these sessions sell out quickly. There will be no refunds for ACCP Simulation Center registrations.**

The CHEST Foundation Event

Register for the 11th Annual Making a Difference Awards Dinner (Saturday, October 31) at www.chestfoundation.org. Cost: \$150/ticket.

Contact Teri Ruiz at truiz@chestnet.org for more information.

To Register

Online

www.chestnet.org/CHEST/program/registration.php

Phone

(800) 343-2227 (US)
(847) 498-1400 (Canada and Int'l)

Fax

(847) 498-5460
(847) 498-8313

Mail

American College of Chest Physicians
PO Box 93826
Chicago, IL 60673-3826

Photographs, audiotapes, and videotapes are periodically taken during ACCP programs. All program attendees agree that the ACCP may use any photograph, audiotape, or videotape in its publications, displays, Web site, or in any other ACCP material without providing additional notice or compensation.

CHEST 2009 Registration Form

After Oct 9, only online registration will be available. On-site registration is available on or after Oct 30. **Complete both sides of this form.**

Registrant Information (Please print clearly)

MALE FEMALE

ACCP ID# _____ CTS ID# _____

LAST NAME (SURNAME) _____ DEGREE _____

FIRST NAME _____ M.I. _____

MAILING ADDRESS: HOME OFFICE

MAILING ADDRESS _____

CITY _____ STATE/PROVINCE _____

ZIP/POSTAL CODE _____ COUNTRY _____

DAYTIME PHONE _____ FAX _____

E-MAIL _____

Registration - Monday through Thursday (check only one)

	On or before Aug 31	Sept 1 to Oct 29	On or after Oct 30
<input type="checkbox"/> ACCP Member Physician (and/or doctoral)	\$495	\$595	\$650
<input type="checkbox"/> Nonmember Physician (and/or doctoral)	\$795	\$895	\$950
<input type="checkbox"/> ACCP Affiliate Member	\$125	\$150	\$200
<input type="checkbox"/> Nonmember Physician-in-Training (verification required)	\$300	\$350	\$400
<input type="checkbox"/> Medical Student and Resident (verification required)	\$125	\$150	\$200
<input type="checkbox"/> ACCP Allied Health Member	\$125	\$150	\$200
<input type="checkbox"/> Other Nonmember	\$275	\$325	\$375
<input type="checkbox"/> ACCP Fellow Emeritus	\$100	\$125	\$175
<input type="checkbox"/> Member Spouse (for CME)	\$100	\$100	\$150

Guest Fee (per person, nonrefundable) Guests 18 years and older, who are not paid Ambassadors Group members by October 1, 2009, will be charged **\$75**. Registration for guests under 18 is free. CME is not offered to guest registrants.

Adult (fee applies)	Under 18 (no charge)	Guest Name
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Postgraduate Courses (full day)

	On or before Aug 31	Sept 1 to Oct 29	On or after Oct 30
Member price	\$250	\$300	\$350
Nonmember price	\$350	\$400	\$450

Saturday, October 31 (full day) (check only one)

- (9332) Critical Care Literature Review
- (9339) Lung Cancer
- (9340) Mini-Board Preparation: Critical Care
- (9341) Mini-Board Preparation: Pulmonary
- (9334) Mini-Board Preparation Course: Sleep Medicine
- (9335) Pulmonary Literature Review
- (9336) Comprehensive Overview: Pulmonary Vascular Disease

Sunday, November 1 (full day) (check only one)

- (9345) 17th Annual Assembly of the American Association for Bronchology and Interventional Pulmonology
- (9331) Chest Infections
- (9333) Current Concepts in the Management of Advanced Lung Disease
- (9343) Physician Coding, Documentation and Reimbursement Essentials: Get Paid Fairly for Your Work
- (9344) Pulmonary Function and Cardiopulmonary Exercise Testing

Postgraduate Courses (half-day)

	On or before Aug 31	Sept 1 to Oct 29	On or after Oct 30
Member price	\$125	\$150	\$175
Nonmember price	\$175	\$200	\$225

Sunday, November 1 (half day - morning)

- (9337) ABIM Critical Care Medicine SEP Module and Pulmonary Disease SEP Module
- (9338) Chest Radiology
- (9347) Consequences and Comorbidities of Sleep Apnea

Sunday, November 1 (half day - afternoon)

- (9346) Best of Sleep Medicine: 2009 Review of the Literature
- (9342) Occupational and Environmental Lung Disease

Payment — must accompany all registrations (enter fees from above)

Registration fee	\$ _____
Guest(s) age 18 and over	\$ _____
Member spouse (for CME)	\$ _____
Saturday course fee	\$ _____
Sunday course fee	\$ _____
Total payment due (USD)	\$ _____

Check or money order (drawn on a US bank in US dollars) payable to ACCP enclosed
 Charge my American Express MasterCard VISA

Registrants outside the US using a credit card will be charged at the exchange rate effective the date the charge is applied.

CARD NUMBER _____ EXP DATE _____

SIGNATURE _____

CHEST 2009 refund requests must be received in writing on or before October 9 for reimbursement, less a \$50 processing fee. Refunds will not be issued after October 9. There will be no refunds for guest fees or ACCP Simulation Center registration.