

registration

SLEEP MEDICINE 2008

January 10-13, 2008

The Scottsdale Plaza Resort, Scottsdale, AZ

THERE ARE 4 EASY WAYS TO REGISTER:

1. Register online at www.chestnet.org.
2. Fax this form with credit card information to Customer Relations at (847) 498-5460 or (847) 498-8313.
3. Call ACCP Customer Relations at (800) 343-2227 or (847) 498-1400.
4. Mail this form with credit card information or check to: American College of Chest Physicians
PO Box 93826, Chicago, IL 60673

Specialty (check only one)

- Cardiology
 Critical Care
 Pulmonary
 Sleep
 Surgery

Employment (check only one)

- Private practice
 Teaching/academic
 In-training
 Private hospital
 Public/government hospital
 Industry
 Other _____

Education Curriculum Interests

(check all that apply)

- Allergy and Airway
 Biotechnology
 Cardiovascular Disease
 Chest Infections
 Critical Care
 Critical Care Training Program Directors
 Cultural Diversity
 Diffuse Lung Disease
 Disorders of the Mediastinum
 Disaster Medicine
 Disorders of the Pleura
 Education and Teaching
 Genetic and Developmental Disorders
 Imaging
 Interventional Pulmonology
 Lung Cancer
 Lung Pathology
 Obstructive Lung Diseases
 Occupational and Environmental Lung Diseases
 Palliative Care and End of Life/Ethics
 Pediatrics
 Pediatric Chest Disease
 Practice Management and Administration
 Pulmonary Manifestations of Systemic Disease
 Pulmonary Physiology
 Pulmonary Rehabilitation
 Pulmonary Training Program Directors
 Pulmonary Vascular Disease
 Respiratory Care
 Signs and Symptoms of Chest Diseases
 Sleep Disorders
 Sleep Training Program Directors
 Thoracic Surgery
 Tobacco Cessation and Prevention
 Transplantation

Name _____

ACCP ID# _____ AACN # _____

Degree MD DO Other _____

Specialty _____ Subspecialty _____

Address _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Phone _____ Fax _____

E-mail _____

Address Type: Home Office

If you have special needs, check this box. Please include your daytime phone number above, and a representative of the ACCP will contact you.

PAYMENT

Check (payable to ACCP) VISA MasterCard American Express

Credit card # _____ Exp date _____

Signature _____

TUITION (check one)

	On or Before December 7	After December 7	On Site
ACCP Member	<input type="checkbox"/> \$575	<input type="checkbox"/> \$600	<input type="checkbox"/> \$660
Nonmember	<input type="checkbox"/> \$840	<input type="checkbox"/> \$865	<input type="checkbox"/> \$955
ACCP Affiliate Member	<input type="checkbox"/> \$475	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550
Physician-in-Training (verification required)	<input type="checkbox"/> \$505	<input type="checkbox"/> \$530	<input type="checkbox"/> \$585
ACCP Allied Health Member	<input type="checkbox"/> \$475	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550
Allied Health Nonmember	<input type="checkbox"/> \$505	<input type="checkbox"/> \$530	<input type="checkbox"/> \$585

Tuition Cancellation Policy

Tuition refund requests for this course must be received in writing by December 20 for full refund, less a \$50 processing fee. No refunds will be available after December 20.