

# registration

## SLEEP MEDICINE 2010

January 28-31, 2010

Hilton Scottsdale Resort & Villas, Scottsdale, AZ

### THERE ARE 4 EASY WAYS TO REGISTER:

1. Register online at [www.chestnet.org](http://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 +1 (847) 498-1400.
4. Mail this form with credit card information or check to: American College of Chest Physicians  
3300 Dundee Road, Northbrook, IL 60062

#### 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 12/28/09	After 12/28/09	On-Site
ACCP Member (Physician and/or Doctoral)	<input type="checkbox"/> \$575	<input type="checkbox"/> \$600	<input type="checkbox"/> \$660
Nonmember (Physician and/or Doctoral)	<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
Other	<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 January 14 for a full refund, less the \$50 processing fee. No refunds will be available after January 14.