

Advance Registration and Hotel Reservation Form

For fast, convenient registration and updated housing information, register at www.acc.org!

ACC.07 registration includes access to ACC.07 events only. You must register for i2 Summit to participate in both i2 Summit and ACC.07 events.

Please complete and submit page 1 and 2 of the registration form or your registration will not be accepted.

1. Name/Mailing Address

First/Given Name _____ Middle Initial _____ Last/Family Name _____

Institution/Hospital/Office _____ ACC Customer Number _____

Address Home Office _____

City _____ State _____ ZIP _____ Country _____

Telephone _____ Fax _____ E-mail _____

(all meeting confirmations will be e-mailed or faxed)

2. Badge Information (Information will appear on badge exactly as written.)

Name _____ Degree _____

City _____ State/Country _____

3. Family Member

First/Given Name _____ Last/Family Name _____

4. First-Time Attendee

6. Hotel Reservation (Individuals requiring hotel reservations **must register** for ACC.07 and/or i2 Summit.)

Give priority to: Rate Location Specific Hotel/Chain

Arrival: Day _____ March _____, 2007 Departure: Day _____ March _____, 2007

1st Choice _____ 3rd Choice _____

2nd Choice _____ 4th Choice _____

Check: Single (1 person) One-Bedroom Suite (sleeping room and parlor)

Double (2 persons) Two-Bedroom Suite (sleeping rooms and parlor)

Special Requests _____

Note: Hotel rooms are limited. Please check one of the following, "If none of my choices is available..."

Do not assign me a room.

Assign me a room at any available hotel.

No hotel required; staying at/sharing with _____.

7. Special Needs Audio Mobile Visual; please describe: _____

Please complete and submit page 1 and 2 of the registration form or your registration will not be accepted.

Remove my name from mailing lists rented by the ACC.

5. Registrant Profile

This information must be complete or registration will not be accepted.

A. Medical Specialty (check one)

- A01 Adult Cardiology
 A02 Pediatric Cardiology
 A03 Cardiovascular Surgery
 A04 Internal Medicine
 A05 Family/General Practice
 A06 Radiology
 A07 Nuclear Medicine
 A08 Pharmacology
 A09 Other _____

B. Primary Activity (check all that apply)

- B01 Direct Patient Care
 B02 Medical Teaching
 B03 Medical Research
 B04 Administration
 B05 Other _____

C. Clinical Focus (check one)

- C01 Imaging
 C02 Interventional
 C03 Electrophysiology
 C04 General
 C05 Pediatric
 C06 Surgery
 C07 Vascular Medicine
 C08 Heart Failure
 C09 Transplant
 C10 Preventive
 C11 Adult Congenital
 C12 Other _____

D. Non Clinical (check all that apply)

- D01 Quality Improvement
 D02 Database Management
 D03 Other _____

E. Special Interest Groups (optional)

- E01 Women Cardiologists
 E02 Early Career (1 – 5 years in practice)

F. Non Medical Primary Focus

(check all that apply)

- F01 Sales/Marketing
 F02 Research
 F03 Education
 F04 Consulting
 F05 Product Training
 F06 Management/Administration
 F07 Other _____

ABC HOUSING DEADLINE: FRIDAY, DECEMBER 29th

Registration Form

Payment

Check enclosed
(payable to ACC.07/i2 Summit; U.S. funds drawn on a U.S. bank)

- American Express
- Visa
- Mastercard
- Discover
- Diner's Club

Card Number _____

Exp. Date _____

Print Name _____

Signature _____

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RETURN TO ITS

By Internet—
www.acc.org

By Fax —
24 Hours — Credit Card Only
(800) 521-6017
(847) 940-2386 — Outside the United States and Canada

By Telephone —
Credit Card Only
Have This Form Handy!
(800) 650-6870
(8 a.m.–5 p.m. Central Time)
(847) 940-2155 — Outside the United States and Canada

By Mail—
ACC.07/i2 Summit
108 Wilmot Rd
Suite 400
Deerfield, IL 60015-5124
Do Not Mail if Previously Faxed.

Reg Category	ACC.07			i2 Summit 2007 (includes ACC.07)		
	Early Bird Until Oct. 31	Advance Until Feb. 21	On-Site	Early Bird Until Oct. 31	Advance Until Feb. 21	On-Site
ACC Member: RA00 RI00						
<input type="checkbox"/> M.D.						
<input type="checkbox"/> D.O.						
<input type="checkbox"/> Ph.D.	\$280	\$335	\$415	\$580	\$635	\$710
<input type="checkbox"/> ACC International Associate RA22 RI22	\$520	\$575	\$650	\$975	\$1,085	\$1,230
ACC Cardiac Care Team Member: RA23 RI23						
<input type="checkbox"/> Nurse Practitioner						
<input type="checkbox"/> Nurse						
<input type="checkbox"/> Physician Assistant						
<input type="checkbox"/> Clinical Nurse Specialist	\$140	\$165	\$220	\$260	\$315	\$415
<input type="checkbox"/> ACC Fellow in Training Member RA01 RI01	\$50	\$50	\$50	\$50	\$50	\$50
<input type="checkbox"/> Abstract Presenter RA02 RI02	n/a	\$75	\$75	n/a	\$75	\$75
Nonmember: RA03 RI03						
<input type="checkbox"/> M.D.						
<input type="checkbox"/> D.O.						
<input type="checkbox"/> Ph.D.	\$840	\$900	\$975	\$1,185	\$1,240	\$1,315
<input type="checkbox"/> Nonmember Trainee/Resident * RA04 RI04	\$290	\$350	\$425	\$545	\$655	\$800
Nonmember, Nonphysician*: RA06 RI06						
<input type="checkbox"/> Nurse Practitioner						
<input type="checkbox"/> Nurse						
<input type="checkbox"/> Physician Assistant						
<input type="checkbox"/> Clinical Nurse Specialist						
<input type="checkbox"/> Nutritionist						
<input type="checkbox"/> Pharmacist						
<input type="checkbox"/> Exercise Physiologist						
<input type="checkbox"/> Technologist						
<input type="checkbox"/> Other	\$290	\$350	\$425	\$545	\$655	\$800
<input type="checkbox"/> Practice Administrator * RA07 RI07	\$545	\$600	\$675	\$1,030	\$1,130	\$1,270
Nonmedical: (no CME credit) RA08 RI08						
<input type="checkbox"/> Hospital Administrator						
<input type="checkbox"/> Health care Consultant						
<input type="checkbox"/> Pharma Industry						
<input type="checkbox"/> Medical Device Industry						
<input type="checkbox"/> Other	\$840	\$900	\$975	\$1,185	\$1,240	\$1,315
<input type="checkbox"/> Exhibits-Only (no CME credit) RA09	\$560	\$615	\$695	n/a	n/a	n/a
<input type="checkbox"/> i2 One-Day Saturday (One-day ticket will admit holder to all Saturday sessions and the Grand Opening Event) (i2 One-Day Saturday is included in the i2 2007 rates)	\$95	\$95	\$95	n/a	n/a	n/a
ACC.07 One-Day						
<input type="checkbox"/> Sunday RA11						
<input type="checkbox"/> Monday RA12						
<input type="checkbox"/> Tuesday RA13	\$535	\$590	\$665	n/a	n/a	n/a
i2 One-Day						
<input type="checkbox"/> Sunday RI11						
<input type="checkbox"/> Monday RI12	n/a	n/a	n/a	\$810	\$860	\$935
<input type="checkbox"/> Family Member — per person RA97	\$75	\$75	\$75	n/a	n/a	n/a

Hotel Deposit

\$250 per room required.
\$500 per one-bedroom suite; \$750 per two-bedroom suite.
To arrange suites, you must go to www.acc.org or call ITS.

REGISTRATION FEE

(amount circled above) \$ _____

HOTEL DEPOSIT

\$ _____

TOTAL REGISTRATION AND HOTEL

\$ _____

*Verification required.