

SMART COURSES

Registration Form

Critical Care Ultrasound: Adult | Critical Care Ultrasound: Pediatric and Neonatal | Advanced Critical Care Ultrasound: Adult

Choose from four easy way	rs to register:	
	e, please have your credit card and customer ID ready.	
1. Online: sccm.org/ultrasound 2	. Phone: +1 847 827-6888 3. Fax: +1 847 493-7226	
4. Mail: SCCM, 35083 Eagle Way	, Chicago, IL 60678-1350, USA	
Please type or print clearly. Please keep a	a copy of this form for your records.	
Customer ID#:	_	
First Name:	Middle Initial: Last Name/Surname:	O Male O Female
Organization:	Address:	
City:	State/Province:	Zip/Postal Code:
Country:	Address Type: O Home	O Office
Phone:	Fax: E-	mail:
Please list all your degrees/credentials	s (e.g., ACNP, MD, PharmD, RN, RRT, etc.):	
Please list your primary license/board	certification (e.g., Registered Nursing, Internal Medicine)	:
Please list your primary license/board	certification year (e.g., 2001):	
Course Selection: Member discou	unts available. See page 2 for pricing.	
Critical Care Ultrasound: Adult	Critical Care Ultrasound: Pediatric and Neonatal	Advanced Critical Care Ultrasound: Adult
O August 16, 2022	O August 16, 2022	O August 16, 2022 (half-day morning)
O August 17, 2022	O August 17, 2022	O August 17, 2022 (half-day morning)
O January 19, 2023	O January 19, 2023	O January 20, 2023 (half-day morning)
O January 20, 2023	O January 20, 2023	O January 20, 2023 (half-day afternoon)
Total \$		
Payment Information:		
_	a form Inquirios can be amailed to cupport@ccam arg	
• Check (must be U.S. funds drawn o	n form. Inquiries can be emailed to support@sccm.org.	
O Credit Card: O American Express	,	
·		
	Expiration Da	
Cardholder Name:		
Cardholder Signature:		Date:

Cancellation Policy

If this skill station event cannot be held in person or is limited by government order, you may reschedule. SCCM shall not be liable for any costs, expenses, or fees related to your cancellation of travel and attendance associated with the event. This includes but is not limited to cancellation of airline tickets, car rental reservations, and hotel reservations. Booking, purchasing, or securing travel arrangements is at the risk of the registrant.

Monday through Friday between 8:00 a.m. and 5:00 p.m. Central Time, to discuss specific requirements.

If you require any special assistance related to a disability, diet, or other needs, please contact SCCM Customer Service at support@sccm.org or +1 847 827-688,

Pricing:

Critical Care Ultrasound: Adult Smart Course			
Registration Category	Rate		
SCCM Member			
Select Member - Physician	\$1,600		
Select Member - Healthcare Professional	\$1,200		
Professional Member - Physician	\$1,700		
Professional Member - Healthcare Professional and Fellow*	\$1,275		
Associate Member - Physician	\$1,900		
Associate Member - Healthcare Professional	\$1,425		
Nonmember			
Physician	\$2,000		
Healthcare Professional	\$1,500		
Critical Care Ultrasound: Pediatric and Neonatal Sm	art Course		
SCCM Member			
Select Member - Physician	\$1,600		
Select Member - Healthcare Professional	\$1,200		
Professional Member - Physician	\$1,700		
Professional Member - Healthcare Professional and Fellow*	\$1,275		
Associate Member - Physician	\$1,900		
Associate Member - Healthcare Professional	\$1,425		
Nonmember			
Physician	\$2,000		
Healthcare Professional	\$1,500		
Advanced Critical Care Ultrasound: Adult Smart Cou	ırse		
SCCM Member			
Select Member - Physician	\$1,060		
Select Member - Healthcare Professional	\$795		
Professional Member - Physician	\$1,125		
Professional Member - Healthcare Professional and Fellow*	\$845		
Associate Member - Physician	\$1,260		
Associate Member - Healthcare Professional	\$945		
Nonmember			
Physician	\$1,325		
Healthcare Professional	\$995		

^{*}Fellows must be a member of SCCM's Sponsored Fellows Program.