

Neurocritical Care

REVIEW COURSE

Registration Form

Choose from four easy ways to register:

For orders placed online or by phone, please have your credit card and customer ID ready.

1. Online: sccm.org/neuroreview **2. Phone:** +1 847 827-6888 **3. Fax:** +1 847 439-7226

4. Mail: SCCM, 35083 Eagle Way, Chicago, IL 60678-1350, USA

Inquiries can be emailed to support@sccm.org.

Registrant Information:

Please type or print clearly. Please keep a copy of this form for your records.

Customer ID#: _____

First Name: _____ Middle Initial: _____ Last Name/Surname: _____

Organization: _____ Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Address Type: Home Office

Phone: _____ Fax: _____ Email: _____

Please list all your degrees/credentials (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): _____

Virtual Review Group Sessions

Sessions will take place online every Tuesday from September 5 through September 26, 2023, 12:00 p.m. to 1:00 p.m. Central Time.

Pricing

Neurocritical Care Review Course

Registration Category	Rate
SCCM Member	
<input type="checkbox"/> Select Member - Physician	\$570
<input type="checkbox"/> Select Member - Healthcare Professional	\$470
<input type="checkbox"/> Professional Member - Physician	\$605
<input type="checkbox"/> Professional Member - Healthcare Professional and Trainee*	\$500
<input type="checkbox"/> Associate Member - Physician	\$675
<input type="checkbox"/> Associate Member - Healthcare Professional	\$555
Nonmember	
<input type="checkbox"/> Physician	\$710
<input type="checkbox"/> Healthcare Professional	\$585

*Trainees must be a member of SCCM's Sponsored Trainee Program.

Payment Information:

Please send payment with registration form. If credit card information is provided, please fax to this secure number: +1 847 439-7226.

Emailing credit card information is not a secure method of transmission. SCCM is in compliance with PCI best practices. Any incomplete or missing information will delay registration.

Check (must be U.S. funds drawn on a U.S. bank)

Credit Card: American Express Discover MasterCard Visa

Card Number: _____ Expiration Date: _____ CVV: _____

Cardholder Name: _____

Cardholder Signature: _____ Date: _____

Cancellation Policy: Registrants may be eligible for refunds of activities at SCCM's discretion. If you have not accessed the activity's materials, have not completed a significant portion of the activity, and/or the content does not meet your needs, you may be eligible for a refund.

A registrant's cancellation of an in-person activity may incur a fee, at SCCM's discretion. To reschedule an in-person activity, please contact SCCM Customer Service at least 30 days before the activity. If SCCM cannot hold an activity as intended, SCCM shall not be liable for any costs, expenses, or fees related to cancellation of travel and attendance associated with the event.