

Registration Form

Multiprofessional Critical Care Review Course: Pediatric

August 5-9, 2018 • Loews Chicago O'Hare Hotel • Rosemont, Illinois, USA

Society of
Critical Care Medicine
The Intensive Care Professionals



Choose from four easy ways to register:

Online:

www.sccm.org/pediatricreview

By fax:

+1 847 439-7226

By phone:

+1 847 827-6888

By mail:

Society of Critical Care Medicine
35083 Eagle Way
Chicago, IL 60678-1350 USA

Registrant Information

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

Customer ID#: _____ Male Female
First Name: _____ Middle Initial: _____ Last Name/Surname: _____
Organization: _____ Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Country: _____ Address Type: Home Office
Phone: _____ Fax: _____ E-mail: _____
Please list all your degrees and credentials (e.g., ACNP, MD, PharmD, RN, RRT, etc.): _____
Please list your primary license/board certification (e.g., Registered Nurse, Internal Medicine): _____
Please list your primary license/board certification year (e.g., 2001): _____

Course Registration Fees

 Please check the appropriate classification.**Early Rate**
(By June 13, 2018)**SCCM Member**

- Physician \$995
 Healthcare
Professional* \$690

Nonmember

- Physician \$1,235
 Healthcare
Professional* \$815

Advance Rate
(By July 11, 2018)**SCCM Member**

- Physician \$1,095
 Healthcare
Professional* \$790

Nonmember

- Physician \$1,335
 Healthcare
Professional* \$915

Full Rate
(After July 11, 2018)**SCCM Member**

- Physician \$1,195
 Healthcare
Professional* \$890

Nonmember

- Physician \$1,435
 Healthcare
Professional* \$1,015

Daily Rate**SCCM Member**

- Physician \$350
 Healthcare
Professional* \$250

Nonmember

- Physician \$440
 Healthcare
Professional* \$340

For daily rates, please indicate up to three days below. With daily registration, you may attend educational sessions only on the day(s) for which your registration is purchased.

- Sunday, August 5
 Monday, August 6
 Tuesday, August 7
 Wednesday, August 8
 Thursday, August 9

*Verification letter is required with registration for fellows, residents, and students to receive the Healthcare Professional rate.

Payment Information: Please send payment with registration form. Inquiries can be e-mailed to support@sccm.org. If credit card information is provided, please fax to this secure number: +1 847 439-7226. *E-mailing credit card information is not a secure method of transmission. SCCM is in compliance with PCI best practices.*

Amount Due: \$

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

Credit Card: American Express Discover MasterCard Visa

Card Number: _____ Expiration Date: _____

Cardholder Name: _____

Cardholder Signature _____ Date _____

If you require any special assistance related to a disability, diet, or other needs, please contact SCCM Customer Service by e-mail at support@sccm.org or by phone at +1 847 827-6888, Monday through Friday between 8:00 a.m. and 5:00 p.m. Central Time, to discuss specific requirements.

Cancellations must be submitted in writing. All cancellations are subject to a \$75 nonrefundable processing fee and must be postmarked before July 11, 2018, to be eligible for a refund. Cancellations postmarked after this date will not be refunded. Dates for the MCCRC: Pediatric are subject to change and/or cancellation. In the event of cancellation, only individual registration fees will be reimbursed. Please allow four weeks to process refunds.