

Critical Care ECHOCARDIOGRAPHY Review Course

Loews Chicago O'Hare Hotel | Rosemont, Illinois, USA | November 5-7, 2019

Held in partnership with  **ASE** American Society of
Echocardiography

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/echoreview **2. Phone:** +1 847 827-6888 **3. Fax:** +1 847 439-7226 **4. Mail:** SCCM, 35083 Eagle Way, Chicago, IL 60678-1350, USA

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

Customer ID#: _____

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

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 Nurse, Internal Medicine): _____

Please list your primary license/board certification year (e.g., 2001): _____

Course Registration Fees

Conference	Registration Category	Early Rate By September 11, 2019	Advance Rate By October 9, 2019	Full Rate After October 9, 2019	Amount Due
Critical Care Echocardiography Review Course November 5-7, 2019	SCCM Members				
	Physician: Associate Member	\$1,400	\$1,550	\$1,700	\$
	Healthcare Professional: Associate Member	\$1,120	\$1,240	\$1,360	\$
	Physician: Professional Member	\$1,255	\$1,405	\$1,555	\$
	Healthcare Professional and Fellow*: Professional Member	\$1,005	\$1,125	\$1,245	\$
	Physician: Select Member	\$1,180	\$1,330	\$1,480	\$
	Healthcare Professional: Select Member	\$ 945	\$1,065	\$1,185	\$
	Nonmembers				
	Physician	\$1,475	\$1,625	\$1,775	\$
Healthcare Professional*	\$1,180	\$1,300	\$1,420	\$	
*Fellows must be members of SCCM Sponsored Fellow Program.					\$

Payment Information: Please send payment with registration form. Inquiries can be emailed to support@sccm.org. 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.*

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 email 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 October 9, 2019, to be eligible for a refund. Cancellations postmarked after this date will not be refunded. Dates for Critical Care Echocardiography Review Course 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.