



Review & Assessment

CRITICAL CARE ECHOCARDIOGRAPHY

November 11-13, 2024

SCCM Headquarters and Conference Center | 500 Midway Drive | Mount Prospect, IL

Held in partnership with



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: _____

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): _____

Please list your primary license/board certification (e.g., registered nursing, internal medicine): _____

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

Pricing:

Registration Category	Early Rate By September 18, 2024	Advanced Rate By October 16, 2024	Full Rate After October 16, 2024	Amount Due
SCCM Members				
Select Member - Physician	\$1,575	\$1,750	\$1,985	\$
Select Member - Healthcare Professional	\$1,295	\$1,440	\$1,585	\$
Professional Member - Physician	\$1,670	\$1,855	\$1,925	\$
Professional Member - Healthcare Professional and Trainee*	\$1,375	\$1,530	\$1,685	\$
Associate Member - Physician	\$1,870	\$2,075	\$2,285	\$
Associate Member - Healthcare Professional	\$1,540	\$1,710	\$1,880	\$
Nonmember				
Physician	\$1,965	\$2,185	\$2,405	\$
Healthcare Professional	\$1,625	\$1,805	\$1,985	\$

*Trainees must be members 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: _____

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.

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.