

registration

ACCP SLEEP MEDICINE BOARD REVIEW COURSE 2008
August 22 - 25, 2008 • Walt Disney World Dolphin • Orlando, FL

4 EASY WAYS TO REGISTER

1. Register online at www.chestnet.org.
2. Fax this form with credit card information to ACCP Customer Relations at (847) 498-5460 or (847) 498-8313.
3. Call ACCP Customer Relations at (800) 343-2227 or (847) 498-1400 (credit card registrants only).
4. Mail this form with credit card information or check to:
American College of Chest Physicians
PO Box 93826, Chicago, IL 60673

TUITION CANCELLATION POLICY

Tuition refund requests for this course must be received in writing by August 8 for a full refund, less a \$50 processing fee. No refunds will be available after August 8.

TUITION *(check one)*

	On or Before 7/21/08	After 7/21/08	On-site 8/21/08
ACCP Member	<input type="checkbox"/> \$765	<input type="checkbox"/> \$840	<input type="checkbox"/> \$925
Nonmember	<input type="checkbox"/> \$930	<input type="checkbox"/> \$1,025	<input type="checkbox"/> \$1,125
ACCP Allied Health Member	<input type="checkbox"/> \$415	<input type="checkbox"/> \$450	<input type="checkbox"/> \$495
Allied Health Nonmember	<input type="checkbox"/> \$570	<input type="checkbox"/> \$630	<input type="checkbox"/> \$695
ACCP Affiliate Member	<input type="checkbox"/> \$415	<input type="checkbox"/> \$450	<input type="checkbox"/> \$495
Physician-in-Training <i>(verification required)</i>	<input type="checkbox"/> \$570	<input type="checkbox"/> \$630	<input type="checkbox"/> \$695

OPTIONAL COURSES

Tuesday, August 26, 2008

	On or Before 7/21/08	After 7/21/08	On-site 8/26/08
ABIM Pulmonary SEP (7463)	<input type="checkbox"/> \$60	<input type="checkbox"/> \$100	<input type="checkbox"/> \$110
ABIM Critical Care SEP (7464)	<input type="checkbox"/> \$60	<input type="checkbox"/> \$100	<input type="checkbox"/> \$110
Mechanical Ventilation (7465)	<input type="checkbox"/> \$60	<input type="checkbox"/> \$100	<input type="checkbox"/> \$110
Lung Pathology (7466)	<input type="checkbox"/> \$60	<input type="checkbox"/> \$100	<input type="checkbox"/> \$110

Board Review Total \$ _____

Optional Session(s) Total \$ _____

TOTAL DUE \$ _____

REGISTER TODAY

Name _____

ACCP ID# _____

AACN ID# _____

Degree MD DO Other _____

Address _____

Address _____

City _____ State _____

Zip Code _____ Country _____

Phone _____ Fax _____

E-mail _____

Address Type: Home Office

The ACCP only contracts with facilities that meet American Dietetic Association (ADA) compliance and strives to meet the dietary needs of course registrants.

PAYMENT

Check *(payable to ACCP)*

VISA MasterCard American Express

Credit card # _____

Exp. date _____

Signature _____

For additional information, contact ACCP Customer Relations at (800) 343-2227 or (847) 498-1400.