

# REGISTRATION

## ACCP/AAP PEDIATRIC PULMONARY MEDICINE BOARD REVIEW 2010

August 27 – 30

JW Marriott Orlando, Grande Lakes • Orlando, FL

### 4 EASY WAYS TO REGISTER

1. Register online at [www.chestnet.org/boardreviews](http://www.chestnet.org/boardreviews)
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  
Attention: Customer Relations  
3300 Dundee Road  
Northbrook, IL 60062

### TUITION CANCELLATION POLICY

Tuition refund requests for all courses must be received in writing by August 5 for a full refund, less a \$175 cancellation fee. Access to your course e-book will be discontinued with your cancellation. No refunds will be issued after August 5.

### TUITION *(check one)*

#### Tuition by Category

	On or before 8/5/10	After 8/5/10	On-site
ACCP Member <i>(Physician and/or Doctoral)</i>	<input type="checkbox"/> \$815	<input type="checkbox"/> \$865	<input type="checkbox"/> \$915
Nonmember <i>(Physician and/or Doctoral)</i>	<input type="checkbox"/> \$980	<input type="checkbox"/> \$1,030	<input type="checkbox"/> \$1,080
ACCP Affiliate Member	<input type="checkbox"/> \$465	<input type="checkbox"/> \$515	<input type="checkbox"/> \$565
Physician-in-Training <i>(verification required)</i>	<input type="checkbox"/> \$620	<input type="checkbox"/> \$670	<input type="checkbox"/> \$720
ACCP Allied Health Member	<input type="checkbox"/> \$465	<input type="checkbox"/> \$515	<input type="checkbox"/> \$565
Allied Health Nonmember <i>(Nonphysician/Nondoctoral/ Nonstudent)</i>	<input type="checkbox"/> \$620	<input type="checkbox"/> \$670	<input type="checkbox"/> \$720

### OPTIONAL COURSES - AUGUST 31, 2010

#### Tuition by Session

	On or Before 8/5/10	After 8/5/10	On-site
ABIM Critical Care Medicine SEP and Pulmonary Disease SEP Module (7582)	<input type="checkbox"/> \$70	<input type="checkbox"/> \$110	<input type="checkbox"/> \$120
Mechanical Ventilation (7580)	<input type="checkbox"/> \$70	<input type="checkbox"/> \$110	<input type="checkbox"/> \$120
Lung Pathology (7579)	<input type="checkbox"/> \$70	<input type="checkbox"/> \$110	<input type="checkbox"/> \$120
<b>Board Review Total</b>	\$ _____		
<b>Optional Session(s) Total</b>	\$ _____		
<b>TOTAL DUE</b>	\$ _____		

### REGISTER TODAY

ACCP# \_\_\_\_\_

Name \_\_\_\_\_  MD  DO

Other Degree \_\_\_\_\_ Specialty, Subspecialty \_\_\_\_\_

Address Type:  Home  Office

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-Mail \_\_\_\_\_

The ACCP only contracts with facilities that meet 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.

