

REGISTRATION

ACCP SLEEP 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
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 *(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

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.

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.

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
Board Review Total		\$ _____	
Optional Session(s) Total		\$ _____	
TOTAL DUE		\$ _____	

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.