



Group Discount Advance Registration and Hotel Reservation Form

Please complete and submit pages 1 and 2 of the registration form or your registration will not be accepted.

1. Name/Mailing Address

First/Given Name		Middle Initial	Last/Family Name	
Institution/Hospital/Office		ACC Customer Number		
Address: <input type="checkbox"/> Home <input type="checkbox"/> Office (Your badge will be mailed to this address. Forms must be received by 2/18/2009 in order for the badge to be mailed)				
City	State	Zip/Postal Code	Country	
Telephone		Fax		
E-Mail (All meeting confirmations will be e-mailed or faxed)				

2. Badge Information (information will appear on badge exactly as written)

First/Given Name	Last/Family Name	Degree
City		State/Country

3. Family Member Badge Name (complete only if purchasing Family Member registration)

First/Given Name	Last/Family Name
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4. First-Time Attendee? Yes No

5. Registrant Profile (see column to right)

6. Hotel Reservation (individuals requiring hotel reservations must register for Full Access, ACC.09 or i2.09)

Give Priority to: Rate Location Specific Hotel/Chain

Arrival: Day _____ March _____, 2009 Departure: Day _____ March/April _____, 2009

Hotel Choices: Please reference the list of official ACC.09 & i2.09 Hotels to select your choices.

List in order of preference:

1. _____	3. _____
2. _____	4. _____

Room Type: Single (1 person/1 bed)
 Double (2 persons/1 bed)
 One-Bedroom Suite (sleeping room and parlor)
 Double - Double (2 persons/2 beds)
 Special Requests _____

Note: Hotel rooms are limited. If your choices are not available (check one):

Do not assign me a room Assign me a room at any available hotel

7. Special Needs

Audio Mobile Visual; please describe _____

Remove my name from mailing lists rented by the ACC.

5. Registrant Profile

A. Medical Specialty (check one)

- A Adult Cardiology
 B Pediatric Cardiology
 C Cardiovascular Surgery
 D Internal Medicine
 E Family/General Practice
 F Radiology
 G Nuclear Medicine
 H Pharmacology
 I Adult Congenital
 Z Other _____

B. Primary Activity (check all that apply)

- A Direct Patient Care
 B Medical Teaching
 C Medical Research
 D Administration
 Z Other _____

C. Primary Clinical Focus (check one)

- A Imaging
 B Interventional
 C Electrophysiology
 D General
 E Pediatric
 F Surgery
 G Vascular Medicine
 H Heart Failure
 I Transplant
 J Preventive
 K Adult Congenital
 Z Other _____

D. Nonclinical (check all that apply)

- A Quality Improvement
 B Database Management
 Z Other _____

E. Special Interest Groups (optional)

- A Women Cardiologists
 B Early Career (1-5 years in practice)

F. Nonmedical Primary Focus (check all that apply)

- A Sales/Marketing
 B Research
 C Education
 D Consulting
 E Product Training
 F Management/Administration
 Z Other _____



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Registrant Name _____

8. Hotel Deposit Payment

Payment Type:

VISA Mastercard American Express

Credit Card Number _____ Exp. Date _____

Card Holder's Name _____

Card Holder's Signature _____

By signing this form, I authorize my credit card to be charged per the terms stated below.

Hotel Deposit: All hotel reservations must be guaranteed by a major credit card. If you are unable to provide a credit card to guarantee your reservation you will be required to issue a check to your assigned hotel. Do not send a check before your hotel option is confirmed with ACC housing. If you make a hotel reservation by fax or mail, a confirmation will be sent to you by fax or email within five days of receipt.

Hotel Changes: If you need to change or cancel your reservation prior to Wednesday, March 4, 2009, you may do this online or send an email to acchousing@jspargo.com. **After March 4, 2009, please contact your hotel directly for changes.**

Hotel Cancellation: Each hotel reservation requires a one night room rate and tax deposit. You must cancel your reservation 72 hours prior to your arrival date or your deposit will be retained by the hotel.

10. Registration Payment

Payment Type:

Check enclosed (payable to ACC.09 Meeting Registration in U.S. Funds drawn on a U.S. bank)

VISA Mastercard American Express

Credit Card Number _____ Exp. Date _____

Card Holder's Name _____


Card Holder's Signature _____

How to Register:

By Fax: 24 Hours — Credit Card Only
(703) 631-1167

By Mail: ACC Registration and Housing Center
11208 Waples Mill Rd, Suite 112
Fairfax, VA 22030

By Email: accregistration@jspargo.com

 Full Access 2009 Rates valid until Feb. 6	
9. Registration Category 20% Discount Nonmember Physician <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Ph.D.	\$1,490 \$1,192
30% Discount Nonmember Physician <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Ph.D.	\$1,490 \$1,043
40% Discount ACC International Associate <input type="checkbox"/> ACC International Associate	\$740
Registration Fee (total of selections above) \$ _____	
CV Society or Group Affiliation: _____	

Discount Terms and Conditions

- All forms must be submitted to the ACC Registration and Housing Center at the same time and include payment information.
- The 20%/30% Discount Promotion is valid ACC.09 & i2 Summit 2009 Full Access Nonmember Physician Advance registration rate only. This promotion is not valid for any other registration category.
- The 40% Discount Promotion is valid only when you submit the ACC International Associate Member application and pay all applicable fees. This promotion allows registrants to register in the ACC International Associate Full Access registration category.
- All participants must be affiliated with the same CV Society or Group.
- All requests for refunds for cancellation or registration category adjustments will be processed, less a \$50 administrative fee. **Registration fees are non-refundable after Feb. 18, 2009.** Cancelled registrations are non transferable. In cases of emergency, all refund requests received after Feb. 18, 2009 will be processed on a case-by-case basis once the College returns from ACC.09 and i2 Summit in Orlando. All refund requests must be received at the ACC in writing no later than June 30, 2009 in order to be considered.
- **Promotion expiration date is Feb. 6, 2009.** All forms must be submitted to ACC Registration and Housing Center by that date in order to be considered.