

Registration Form

ACP Number (Found on Mailing Label)

MD DO

Name

Address

City

State

Zip

Email

Phone (Day)

Fax

Please check here to indicate a permanent change to your preferred address for all College mailings.

My food preference is vegetarian.

Please choose which of the following concurrent activities you are going to attend.

- Friday AM Breakout Sessions 1 2 3 4 • Saturday AM Workshop Sessions 1 2 3 4
• Saturday AM Interest Group 1 2 3 4 I will attend the Saturday am Concurrent Associate Course

Registration Fees

■ Precourse (Thursday afternoon only)

on or before
20 Oct 2009

on or after
21 Oct 2009

Amount

Member Fellow Master

\$150

\$175

Associate/Resident

\$50 (refundable)

\$50 (nonrefundable)

Medical Student

\$50 (refundable)

\$50 (nonrefundable)

■ Annual Meeting (Friday and Saturday only) *

Member Fellow Master

\$320

\$350

Nonmember Physician

\$420

\$450

Retired Member

\$210

\$240

Associate/Resident

\$50 (refundable)

\$50 (nonrefundable)

Medical Student

\$50 (refundable)

\$50 (nonrefundable)

ACP Affiliate/Allied Health Professional

\$270

\$300

Print Syllabus **

\$30

unavailable

GRAND TOTAL

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*Registration fee includes continental breakfast, lunch, all scientific sessions and materials, CME documentation and attendance at reception.

**To help us go green, we are providing an e-syllabus that will be distributed to attendees prior to the meeting and will be posted on the chapter website. You may purchase a print copy of the syllabus for \$30 before 20 October, 2009.

Payment

Credit Card (VISA or MASTERCARD ONLY) Check Enclosed (Payable to: WC-ACP)

Card Number

Expiration Date

Name on Credit Card

Billing Address

City

State

Zip

Signature