

May 13-14 • Washington, DC

ACP # _____ Check here if new address

Name _____

Street Address _____

City _____ State/Province _____ ZIP/Postal _____

Country _____

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Daytime Phone _____ Home Phone _____ Fax _____

E-mail address _____ Graduation Year (Must fill in if registering at Resident or Student Rate) _____

For Pre-Course information, see pages 2-7 or visit the Web site: www.acponline.org

Persons with a disability: Please attach a written description of your needs to the registration form.

Affix peel-off label here

PRE-COURSES MAY 13-14 (CHECK THE BOX FOR WHICH COURSE(S) YOU WISH TO ATTEND.)

Code	Title	Day
<input type="checkbox"/> PRE 801	Critical Care Medicine 2008	Tues/Wed
<input type="checkbox"/> PRE 802	Essential Competencies for the Emerging Leader	Wed
<input type="checkbox"/> PRE 803	Focus on the Practice: Challenges, Choices, and Change	Tues/Wed
<input type="checkbox"/> PRE 804	Performance Measurement and Pay for Performance	Tues/Wed
<input type="checkbox"/> PRE 805	Diabetes for the Internist	Tues
<input type="checkbox"/> PRE 806	Advances in Therapy	Wed
<input type="checkbox"/> PRE 807	Cardiology Update for the Internist	Wed
<input type="checkbox"/> PRE 808	Office Ophthalmology, Dermatology, and Otolaryngology for the Internist	Wed
<input type="checkbox"/> PRE 809	Maintenance of Certification Exam Preparation	Tues/Wed
<input type="checkbox"/> PRE 810	ABIM SEP-Based Learning Session: Recent Advances Module 20-R	Tues
<input type="checkbox"/> PRE 811A	ABIM SEP-Based Learning Session: Hospital-Based Medicine Module 07-HC	Wed AM
<input type="checkbox"/> PRE 811B	ABIM SEP-Based Learning Session: Comprehensive Internal Medicine Module 07-CC	Wed PM
<input type="checkbox"/> PRE 811C	Both PRE 811A & PRE 811B - Special pricing!	Wed - All Day

PRE-COURSE REGISTRATION FEE

Check the appropriate box below.	On or before 2/29/08				Postmarked after 2/29/08			
	1 day	2 day	1/2 day	PRE 811C	1 day	2 day	1/2 day	PRE 811C
<input type="checkbox"/> ACP Associate	\$109	\$209	\$69	\$109	\$189	\$289	\$109	\$189
<input type="checkbox"/> All Other ACP Members	\$209	\$419	\$129	\$209	\$289	\$499	\$169	\$289
<input type="checkbox"/> Nonmember Intern, Resident, Research Fellow*	\$209	\$419			\$289	\$499		
<input type="checkbox"/> Allied Health Professional	\$229	\$459			\$309	\$539		
<input type="checkbox"/> Nonmember Physician, Nonmedical	\$369	\$739	\$219	\$369	\$449	\$819	\$259	\$449

*Verification letter required.

TOTAL \$ _____

PAYMENT OPTIONS (PAYMENT IN FULL IS REQUIRED.) CANCELLATION/REFUND POLICY

Check enclosed. (Payable to ACP. Must remit in U.S. funds drawn on a U.S. bank.)

Charge to: VISA MasterCard American Express Discover

Card # _____

Exp. Date / / Security Code
(3 or 4 digit number found on front or back of card)

Signature _____

Notice of cancellation for Internal Medicine 2008 and Pre-Courses must be made in writing via mail, fax, or e-mail.
 Received by December 20, 2007 Full refund.
 December 21, 2007-April 30, 2008 Refund less \$100 administrative fee.
 After April 30, 2008 No refund.
 If your badge and tickets have been mailed at the time of cancellation, you must return these to ACP Headquarters to receive the applicable refund.