

REGISTER EARLY
 After September 10th,
 fees increase!

Registration Form

Name _____ Last 4 digits of SSN _____
 Clinic _____ Specialty _____
 Address _____
 City _____ State _____ Zip _____
 Office Phone _____ E-mail _____
 Spouse/Guest (if registering below) _____
 Child's Name (if registering below) _____ Age _____
 Child's Name (if registering below) _____ Age _____
 Please list any allergies or dietary requirements _____

Registration & Activity Fees

Registration fee includes admission to the Scientific Sessions and Exhibit Hall, the Welcome Reception, breakfast and breaks on Saturday and Sunday mornings, box lunch (for golfers), and Saturday evening reception and dinner poolside at the Grand Pavilion.

Please check all that apply:

	Fees if received on or before Sept. 10 th	Received after Sept. 10 th
<input type="checkbox"/> SC & NC ACC Member	\$200	\$250
<input type="checkbox"/> Non-Member	\$285	\$335
<input type="checkbox"/> Cardiac Care Associate Member	\$110	\$135
<input type="checkbox"/> Fellow in Training.....	\$0	\$25
<input type="checkbox"/> Guest/Spouse	\$125	\$150
<input type="checkbox"/> Child's Program/Dinner Saturday Night (age 4-12)	@ \$35	\$45
<input type="checkbox"/> Golf: ACC Members, Practice Managers	@ \$75	\$100
<input type="checkbox"/> Golf: Non-members, Exhibitors, Spouse/Guest	@ \$115	\$140

Total Fees Due: \$ _____ or \$ _____

For planning purposes, please indicate number of people planning to attend the following functions:

- _____ Friday evening Welcome Reception (included with registration)
- _____ Saturday evening Oyster Roast-Adult (included with registration)
- _____ Saturday evening Program & Dinner-Child (**please register for Child's Program above**)

If registering for golf above, indicate player(s) name and handicap. Golfers who do not indicate a handicap will be assigned a 36. A minimum of 40 golfers must register to administer tournament scoring.

Golfer 1 _____ Handicap _____
 Golfer 2 _____ Handicap _____

Payment

Payment must be received with registration. SC ACC does not take phone registrations.

- Check enclosed (made payable to SC Chapter ACC)
- Visa Mastercard

Total \$ _____
 Card# _____
 Exp. Date _____ Security Code _____
 Signature _____

Return this form to:

Geri Kinton, Chapter Executive
 SC Chapter ACC
 134 Collin Campbell
 Beaufort, SC 29906

Ph: 843-252-4709 *Fax:* 843-846-2366
Cancellations in writing by Sept. 17th will receive refunds less \$25 processing fee. No refunds will be given after Sept. 17th.