

Multiprofessional Critical Care Review Courses

Registration Form

Choose from four easy ways to register:

For orders placed online or by phone, please have your credit card and customer ID ready.

- 1. Online:** sccm.org/mccr
- 2. Phone:** +1 847 827-6888
- 3. Fax:** +1 847 439-7226
- 4. Mail:** SCCM, 35083 Eagle Way, Chicago, IL 60678-1350, USA

Registrant Information

Please type or print clearly. Please keep a copy of this form for your records.

Customer ID#: _____
First Name: _____ Middle Initial: _____ Last Name/Surname: _____
Organization: _____ Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Country: _____ Address Type: Home Office
Phone: _____ Fax: _____ Email: _____
Please list all of your degrees/credentials (eg, ACNP, MD, PharmD, RN, RRT, etc.): _____
Please list your primary license/board certification (eg, registered nursing, internal medicine): _____
Please list your primary license/board certification year (eg, 2001): _____

Check One

Multiprofessional Critical Care Review: Adult

August 14-16, 2024
SCCM Headquarters and Conference Center
Mount Prospect, Illinois, USA

Multiprofessional Critical Care Review: Pediatric

August 19-21, 2024
SCCM Headquarters and Conference Center
Mount Prospect, Illinois, USA

Pricing

Multiprofessional Critical Care Review: Adult and Pediatric Courses	
Registration Category	Rate
SCCM Member	
<input type="checkbox"/> Select Member - Physician	\$1,635
<input type="checkbox"/> Select Member - Healthcare Professional	\$1,310
<input type="checkbox"/> Professional Member - Physician	\$1,740
<input type="checkbox"/> Professional Member - Healthcare Professional and Fellow*	\$1,395
<input type="checkbox"/> Associate Member - Physician	\$1,945
<input type="checkbox"/> Associate Member - Healthcare Professional	\$1,560
Nonmember	
<input type="checkbox"/> Physician	\$2,050
<input type="checkbox"/> Healthcare Professional	\$1,640

*Fellows must be members of SCCM's Sponsored Trainee Program.

Payment Information

Please send payment with registration form. Payment must accompany registration form. If credit card information is provided, please fax to this secure number: +1 847 439-7226. Emailing credit card information is not a secure method of transmission. SCCM is in compliance with PCI best practices. Any incomplete or missing information will delay registration.

Check (must be U.S. funds drawn on a U.S. bank)

Credit Card: American Express Discover MasterCard Visa

Card Number: _____ Expiration Date: _____ CVV: _____

Cardholder Name: _____

Cardholder Signature: _____ Date: _____

If you require any special assistance related to a disability, diet, or other needs, please contact SCCM Customer Service at support@sccm.org or +1 847 827-688, Monday through Friday between 8:00 a.m. and 5:00 p.m. Central Time, to discuss specific requirements.

Cancellation Policy: Registrants may be eligible for refunds of activities at SCCM's discretion. If you have not accessed the activity's materials, have not completed a significant portion of the activity, and/or the content does not meet your needs, you may be eligible for a refund. A registrant's cancellation of an in-person activity may incur a fee, at SCCM's discretion. To reschedule an in-person activity, please contact SCCM Customer Service at least 30 days before the activity. If SCCM cannot hold an activity as intended, SCCM shall not be liable for any costs, expenses, or fees related to cancellation of travel and attendance associated with the event.