

**CHOOSE FROM FOUR EASY WAYS TO REGISTER:**

1. Online at [www.sccm.org/Congress](http://www.sccm.org/Congress)
2. Call SCCM Customer Service at +1 847 827-6888
3. Fax the completed form to +1 847 439-7226
4. Mail the completed form to: 35083 Eagle Way, Chicago, IL 60678-1350 USA

Please use this form to register for the 47th Critical Care Congress. Please type or print clearly and keep a copy of this form for your records.

**REGISTRANT INFORMATION**

Last Name (Surname) \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Customer/Member # \_\_\_\_\_  
 Degrees/Credentials (eg, ACNP, MD, PharmD, RN, RRT, etc.) \_\_\_\_\_ Gender:  Male  Female  
 Organization \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 Country \_\_\_\_\_  
 Home  Office Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_  
 Emergency Contact Phone \_\_\_\_\_

**ADDITIONAL TICKETED SESSIONS/EVENTS**

You must register for Congress to attend these courses at the rates listed below. If you do not want to register for Congress, but wish to attend one of the sessions/events listed below, please visit [www.sccm.org/store](http://www.sccm.org/store) or contact SCCM Customer Service.

**FRIDAY, FEBRUARY 23, AND SATURDAY, FEBRUARY 24, 2018**

ACCP/SCCM Critical Care Pharmacy Preparatory Review and Recertification Course \$395	\$ _____
Current Concepts in Adult Critical Care \$395	\$ _____
Current Concepts in Pediatric Critical Care \$395	\$ _____
Fundamental Critical Care Support: Obstetrics \$495	\$ _____
Veterinary Critical Care: Anesthesia, Analgesia, and Patient Care \$395	\$ _____

**SATURDAY, FEBRUARY 24, 2018**

2018 Coding and Billing (half-day course) \$295	\$ _____
Airway Management for the Critically Ill Patient (half-day course) \$295	\$ _____
ICU Simulation for Trainees: A Multidisciplinary Approach to Teamwork, Leadership, and Situational Awareness* \$100	\$ _____
Liberate and Thrive: Strategies to Improve Outcomes in the ICU and Post-ICU \$345	\$ _____
Neurologic Monitoring and Its Implementation in the Adult and Pediatric ICU \$345	\$ _____
Value on Investment: Advanced Practice Providers (half-day course) \$195	\$ _____

**MONDAY, FEBRUARY 26, 2018**

Fellowship Program Directors Luncheon \$85	\$ _____
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**TUESDAY, FEBRUARY 27, 2018**

Advanced Practice Provider Networking Luncheon \$85	\$ _____
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**WEDNESDAY, FEBRUARY 28, AND THURSDAY, MARCH 1, 2018**

Critical Care Ultrasound: Adult** \$1,570	\$ _____
Critical Care Ultrasound: Pediatric and Neonatal** \$1,570	\$ _____

\*This course will take place at St. Philip's College in San Antonio, Texas, USA. Round-trip transportation will be provided.

\*\*This course will take place at Marriott Rivercenter.

**2018 CONGRESS REGISTRATION RATES**

	Early Rate (by 12/20/2017)	Advance Rate (by 1/17/2018)	Full Rate	Daily Rate
<b>MEMBER</b>				
Physician	\$870	\$990	\$1,070	\$540
Healthcare Prof.*	\$635	\$750	\$835	\$420
Student*	\$330	\$390	\$420	\$215
<b>NONMEMBER</b>				
Physician	\$1,105	\$1,225	\$1,305	\$655
Healthcare Prof.*	\$790	\$915	\$995	\$500
Student*	\$425	\$485	\$515	\$260

\*Fellows and residents register at the Healthcare Professional rate. Training verification letter must accompany registration form for fellows, residents, and students.

**FOR DAILY RATES, PLEASE INDICATE WHICH DAY BELOW:**

With daily registration, you may attend educational sessions, access the Exhibit Hall, and register for ticketed events only on the day for which your registration is purchased.

- Sunday, February 25
- Monday, February 26
- Tuesday, February 27

**CONGRESS TUITION** \$ \_\_\_\_\_

Tuition includes online access to Congress On Demand after Congress and admission to all general Congress sessions, Exhibit Hall and Exhibit Hall refreshment breaks, and Research Snapshot Theaters.

**PAYMENT INFORMATION (Please send payment with registration form.)**

Check (must be U.S. funds drawn on a U.S. bank) or International Money Order  
 Wire Transfer (Please contact SCCM Customer Service for wire transfer information.)  
 Credit Card:  American Express  Discover  MasterCard  Visa  
 Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Cardholder Name \_\_\_\_\_  
 Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONGRESS REGISTRATION FEE** \$ \_\_\_\_\_  
**ADDITIONAL TICKETED SESSIONS/EVENTS FEES** \$ \_\_\_\_\_  
**MEMBERSHIP DUES** \$ \_\_\_\_\_  
**TOTAL DUE** \$ \_\_\_\_\_

If you require any special assistance related to a disability, diet, or other needs, please contact SCCM Customer Service by e-mail at [support@sccm.org](mailto:support@sccm.org) or by phone at +1 847 827-6888, Monday through Friday between 8:00 a.m. and 5:00 p.m. Central Time, to discuss specific requirements.

**CANCELLATION/REFUND POLICY** Cancellations must be submitted in writing. All cancellations are subject to a \$75 nonrefundable processing fee and must be postmarked before January 17, 2018, to be eligible for a refund. Any cancellation postmarked after this date will not be refunded. Exchanges and substitutions are not allowed at any time. Dates for the 47th Critical Care Congress are subject to change and/or cancellation. In the event of a change/cancellation, only individual registration fees will be reimbursed. Please allow four weeks to process refunds.