

Registration Form

ICU Liberation and Animation: Operationalizing the Pain, Agitation and Delirium Guidelines Through the ABCDEF Bundle

Vanderbilt University Medical Center | Nashville, Tennessee, USA | September 12-13, 2017

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

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

Customer ID#: _____

First Name: _____ Middle Initial: _____ Last Name/Surname: _____ Male Female

Organization: _____ Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Address Type: Home Office

Phone: _____ Fax: _____ Email: _____

Please list all of your Degrees/Credentials (ex.: ACNP, MD, PharmD, RN, RRT, etc.): _____

Please list your Primary License/Board Certification (ex.: Registered Nurse, Internal Medicine): _____

Please list your Primary License/Board Certification year (ex.: 2001): _____

Course Registration Fees

Conference		Early Rate By July 19, 2017	Advance Rate By August 16, 2017	Full Rate After August 16, 2017	Amount Due
ICU Liberation and Animation 2 Days: September 12-13, 2017	SCCM Members				
	Physician	\$845	\$895	\$945	
	Healthcare Professional*	\$640	\$690	\$740	\$
	Nonmembers				
	Physician	\$1,045	\$1,095	\$1,145	
	Healthcare Professional*	\$790	\$840	\$890	
					\$

*Verification letter required with registration for fellows, residents and students to receive the Healthcare Professional rate.

Advance registration will be accepted until August 16, 2017. Thereafter, registrations will be accepted on site only.

Payment Information: Please send payment with registration form. Inquiries can be emailed to registration@sccm.org.

Check (must be U.S. funds drawn on a U.S. bank) Credit Card: American Express Discover MasterCard Visa

Card Number: _____ Expiration Date: _____

Cardholder Name: _____

Cardholder Signature: _____ Date: _____

If you have special needs related to a disability, please contact SCCM Customer Service by email at support@sccm.org or call +1 847 827-6888, Monday through Friday between 8:00 a.m. and 5:00 p.m. Central Time, to determine specific requirements.

Cancellations must be submitted in writing. All cancellations are subject to a \$75 non-refundable processing fee and must be postmarked prior to August 16, 2017, to be eligible for a refund. Cancellations postmarked after this date will not be refunded. Dates for the ICU Liberation and Animation course are subject to change and/or cancellation.

In the event of cancellation only individual registration fees will be reimbursed. Please allow four weeks to process refunds.