

Registration Form

Critical Care Ultrasound: Adult | Marriott Rivercenter | San Antonio, Texas, USA | February 28 - March 1, 2018

Critical Care Ultrasound: Pediatric and Neonatal | Marriott Rivercenter | San Antonio, Texas, USA | February 28 - March 1, 2018

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/ultrasound **2. Phone:** +1 847 827-6888 **3. Fax:** +1 847 493-7226 **4. Mail:** SCCM, 35083 Eagle Way, Chicago, IL 60678-1350, USA

If you plan to attend this course in conjunction with Congress, register at www.sccm.org/Congress.

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: _____ E-mail: _____

Please list all your degrees/credentials (e.g., ACNP, MD, PharmD, RN, RRT, etc.): _____

Please list your primary license/board certification (e.g., Registered Nurse, Internal Medicine): _____

Please list your primary license/board certification year (e.g., 2001): _____

Course Registration Fees

Conference		Rate	Amount Due
Critical Care Ultrasound: Adult 2 Days: February 28 - March 1, 2018	Member	\$1,775	
	Nonmember	\$2,300	\$
Critical Care Ultrasound: Pediatric and Neonatal 2 Days: February 28 - March 1, 2018	Member	\$1,775	
	Nonmember	\$2,300	\$
			\$

Payment Information: Please send payment with registration form. Inquiries can be emailed to support@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 require any special assistance related to a disability, diet or other needs, please contact SCCM Customer Service by e-mail 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.

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 Critical Care Ultrasound: Adult and Critical Care Ultrasound: Pediatric and Neonatal 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.