

SKILLS + REVIEW Registration Form

Sheraton Grand Chicago
Chicago, Illinois, USA

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/skillsandreview **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: _____ 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 Selection: Member discounts available. See page 2 for pricing.

- | | |
|---|-----------------------|
| <input type="radio"/> Multiprofessional Critical Care Review: Adult, August 14-18, 2019 | Total \$ _____ |
| <input type="radio"/> Critical Care Ultrasound: Adult, August 14-15, 2019 | Total \$ _____ |
| <input type="radio"/> Critical Care Ultrasound: Pediatric and Neonatal, August 14-15, 2019 | Total \$ _____ |
| <input type="radio"/> Advanced Critical Care Ultrasound: Adult, August 16, 2019 | Total \$ _____ |

Payment Information:

Please send payment with registration form. Inquiries can be e-mailed to support@sccm.org. If credit card information is provided, please fax to this secure number: +1 847 439-7226. *E-mailing credit card information is not a secure method of transmission. SCCM is in compliance with PCI best practices.*

- 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 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.

Cancellations must be submitted in writing. All cancellations are subject to a \$75 nonrefundable processing fee and must be postmarked before July 17, 2019, to be eligible for a refund. Cancellations postmarked after this date will not be refunded. Dates for Skills and Review Courses 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.

Pricing:

Multiprofessional Critical Care Review: Adult

Registration Category	Early (by June 19, 2019)	Regular (by July 17, 2019)	Full Rate (after July 17, 2019)	Daily Rate**
SCCM Member				
Physician - Associate Member	\$1,280	\$1,410	\$1,550	\$415
Healthcare Professional - Associate Member	\$955	\$1,050	\$1,155	\$310
Physician - Professional Member	\$1,150	\$1,265	\$1,390	\$370
Healthcare Professional and Fellow* - Professional Member	\$860	\$945	\$1,040	\$280
Physician - Select Member	\$1,080	\$1,190	\$1,310	\$350
Healthcare Professional - Select Member	\$810	\$890	\$980	\$260
Nonmember				
Physician	\$1,350	\$1,485	\$1,635	\$440
Healthcare Professional	\$1,010	\$1,110	\$1,220	\$330

Critical Care Ultrasound: Adult

SCCM Member				
Physician - Associate Member	\$1,890	\$2,080	\$2,285	—
Healthcare Professional - Associate Member	\$1,415	\$1,555	\$1,710	—
Physician - Professional Member	\$1,690	\$1,860	\$2,045	—
Healthcare Professional and Fellow* - Professional Member	\$1,265	\$1,390	\$1,530	—
Physician - Select Member	\$1,590	\$1,750	\$1,925	—
Healthcare Professional - Select Member	\$1,190	\$1,310	\$1,440	—
Nonmember				
Physician	\$1,990	\$2,190	\$2,410	—
Healthcare Professional	\$1,490	\$1,640	\$1,805	—

Critical Care Ultrasound: Pediatric and Neonatal

SCCM Member				
Physician - Associate Member	\$1,890	\$2,080	\$2,285	—
Healthcare Professional - Associate Member	\$1,415	\$1,555	\$1,710	—
Physician - Professional Member	\$1,690	\$1,860	\$2,045	—
Healthcare Professional and Fellow* - Professional Member	\$1,265	\$1,390	\$1,530	—
Physician - Select Member	\$1,590	\$1,750	\$1,925	—
Healthcare Professional - Select Member	\$1,190	\$1,310	\$1,440	—
Nonmember				
Physician	\$1,990	\$2,190	\$2,410	—
Healthcare Professional	\$1,490	\$1,640	\$1,805	—

Advanced Critical Care Ultrasound: Adult

SCCM Member				
Physician - Associate Member	\$1,290	\$1,420	\$1,560	—
Healthcare Professional - Associate Member	\$965	\$1,060	\$1,165	—
Physician - Professional Member	\$1,155	\$1,270	\$1,395	—
Healthcare Professional and Fellow* - Professional Member	\$865	\$950	\$1,045	—
Physician - Select Member	\$1,085	\$1,190	\$1,305	—
Healthcare Professional - Select Member	\$815	\$895	\$980	—
Nonmember				
Physician	\$1,360	\$1,495	\$1,645	—
Healthcare Professional	\$1,020	\$1,120	\$1,235	—

* Fellows must be a member of SCCM's Sponsored Fellow Program.

** With daily registration, you may attend educational sessions only on the day(s) for which your registration is purchased. You can select up to three days at the daily rate.