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

Customer ID#: ___________________________________________ □ Male □ Female
First Name: ____________________ Middle Initial: ______ Last Name/Surname: _______________________
Organization: __________________________ Address: __________________________________________
City: __________________________ State/Province: ____________ Zip/Postal Code: ____________
Country: __________________________ Address Type: □ Home □ Office
Phone: ______________________ Fax: _____________________ *Email: ___________________________

Program Directors Only: Please fill out the below section
Institution _____________________________________________________________________
Street Address __________________________ Department ___________________________
Please list all of your degrees/credentials (eg, ACNP, MD, PharmD, RN, RRT, etc.): ___________________________
Please list your primary license/board certification (eg, Registered Nurse, Internal Medicine): ___________________________
Please list your primary license/board certification year (eg, 2001): ___________________________

* A valid email address is required with your order. All examination information will be sent to the email address provided.

**Registration Fees**

<table>
<thead>
<tr>
<th>RATE</th>
<th>COST PER EXAM</th>
<th>QUANTITY ORDERED</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early (register by 11/29/2019)</td>
<td>$305</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Advance (register by 1/10/2020)</td>
<td>$360</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Full (register by 3/9/2020)</td>
<td>$415</td>
<td>x</td>
<td></td>
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<tr>
<td>Check one: □ Pediatric Exam □ Adult Exam</td>
<td></td>
<td></td>
<td>ORDER TOTAL $ =</td>
</tr>
</tbody>
</table>

Registration will not be accepted after March 9, 2020.

**Payment Information** (Please send payment with registration form.)

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

Card Number ___________________________________________ Expiration Date _______________________
Cardholder Name ____________________________
Cardholder Signature ________________________ Date ________________________

For additional information, please visit sccm.org/MCCKAP, or contact SCCM Customer Service at +1 847 827-6888 or support@sccm.org

**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 10, 2020, 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 2020 MCCKAP examination 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.