

# Multiprofessional Critical Care Review Smart Courses

## Registration Form

### 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/mccr](http://sccm.org/mccr)
- 2. Phone:** +1 847 827-6888
- 3. Fax:** +1 847 439-7226
- 4. Mail:** SCCM, 35083 Eagle Way, Chicago, IL 60678-1350, USA

### Registrant Information:

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

Customer ID#: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name/Surname: \_\_\_\_\_  
Organization: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_ Address Type:  Home  Office  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Please list all of your degrees/credentials (eg, ACNP, MD, PharmD, RN, RRT, etc.): \_\_\_\_\_  
Please list your primary license/board certification (eg, registered nursing, internal medicine): \_\_\_\_\_  
Please list your primary license/board certification year (eg, 2001): \_\_\_\_\_

*Future study group dates will be released soon.*

### Study Group

#### Multiprofessional Critical Care Review: Adult

August 16-17, 2023, at SCCM Headquarters and Conference Center in Mount Prospect, Illinois, USA

#### Multiprofessional Critical Care Review: Pediatric

The next study group will be held in 2024.  
Dates will be released soon.

### Pricing

Multiprofessional Critical Care Review: Adult and Pediatric Smart Courses	
Registration Category	Rate
<b>SCCM Member</b>	
<input type="checkbox"/> Select Member - Physician	\$1,635
<input type="checkbox"/> Select Member - Healthcare Professional	\$1,310
<input type="checkbox"/> Professional Member - Physician	\$1,740
<input type="checkbox"/> Professional Member - Healthcare Professional and Fellow*	\$1,395
<input type="checkbox"/> Associate Member - Physician	\$1,945
<input type="checkbox"/> Associate Member - Healthcare Professional	\$1,560
<b>Nonmember</b>	
<input type="checkbox"/> Physician	\$2,050
<input type="checkbox"/> Healthcare Professional	\$1,640

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

### Payment Information

Please send payment with registration form. Inquiries can be emailed to [support@sccm.org](mailto:support@sccm.org). Payment must accompany registration form. If credit card information is provided, please fax to this secure number: +1 847 439-7226. Emailing credit card information is not a secure method of transmission. SCCM is in compliance with PCI best practices. Any incomplete or missing information will delay registration.

**Check** (must be U.S. funds drawn on a U.S. bank)

**Credit Card:**  American Express  Discover  MasterCard  Visa

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you require any special assistance related to a disability, diet, or other needs, please contact SCCM Customer Service at [support@sccm.org](mailto:support@sccm.org) or +1 847 827-688, Monday through Friday between 8:00 a.m. and 5:00 p.m. Central Time, to discuss specific requirements.*

**Cancellation Policy:** Registrants are not eligible for refunds. If a study group event cannot be held in person or is limited by government order, you may reschedule. SCCM shall not be liable for any costs, expenses, or fees related to your cancellation of travel and attendance associated with the event. This includes but is not limited to cancellation of airline tickets, car rental reservations, and hotel reservations. Booking, purchasing, or securing travel arrangements is at the risk of the registrant.