

12th ANNUAL ACCP COMMUNITY ASTHMA AND COPD COALITIONS SYMPOSIUM CHEST 2010 REGISTRATION FORM

Wednesday and Thursday, November 3-4, 2010

Pan Pacific Hotel, The Vancouver Convention Centre, Vancouver, BC, Canada.

If you wish to attend any other sessions or courses offered at CHEST 2010 please register via www.chestnet.org. Otherwise, you may register on-site, at The Vancouver Convention Centre.

Registration Information

REGISTRATION DEADLINE: OCTOBER 8, 2010

Complete all areas.

Coalition Name _____

ACCP ID# IF YOU DON'T KNOW, LEAVE BLANK _____

First, Middle Initial, Last Name _____

Professional Designation _____

Mailing Address _____

__ Home __ Office _____

City, State/Province, Zip/Postal Code _____

Country _____

__ Home __ Office Daytime Phone _____

Fax _____

E-mail _____

Registration Category

(Please check only one)

- ACCP Allied Health Member \$75.00/per day
 Allied Health Nonmember \$125.00/per day
(Nonphysician/Nondoctorial/Nonstudent)

Please indicate which day(s) you wish to attend.

(To attend the entire symposium, please check both days)

- 3740 Wednesday, November 3, 2010
 3741 Thursday, November 4, 2010

Payment

Enter fees from above.

- Check/Money Order (Drawn on a US bank in US dollars) payable to ACCP enclosed.

Total Payment Due \$ _____

Please charge my:

- American Express MasterCard Visa

Credit Card Number _____

Expiration Date _____

Signature _____

Refund requests must be received in writing on or before October 8, 2010, for full reimbursement less a \$50 processing fee.
Refunds will not be issued after October 8, 2010

Fax

Attention: Beth Corey
(847) 498-5460

Phone

For more Information,
Contact Beth Corey
(847) 498-8366

Mail

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USA
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Special Requests

List your special needs--include mobility and dietary needs (*i.e.*, vegetarian, kosher) etc:

