

SCCT|2017

On-Site Registration & Fees

Not an SCCT Member Yet?

Join today and receive the discounted SCCT Member rate!

Annual Scientific Meeting ONLY

Physician/Scientist/Industry	SCCT Member	<input type="checkbox"/> \$ 875.00
	Non-Member	<input type="checkbox"/> \$1075.00
Resident/Fellow	SCCT Member	<input type="checkbox"/> \$ 200.00
	Non-Member	<input type="checkbox"/> \$ 275.00
Technologist/Nurse	SCCT Member	<input type="checkbox"/> \$ 275.00
	Non-Member	<input type="checkbox"/> \$ 375.00
Medical Student	SCCT Member	<input type="checkbox"/> \$ 75.00
	Non-Member	<input type="checkbox"/> \$ 75.00
Military-Active Duty	SCCT Member	<input type="checkbox"/> \$ 425.00
	Non-Member	<input type="checkbox"/> \$ 675.00

Annual Scientific Meeting AND Board Review Course

Physician/Scientist/Industry	SCCT Member	<input type="checkbox"/> \$1275.00
	Non-Member	<input type="checkbox"/> \$1575.00
Resident/Fellow	SCCT Member	<input type="checkbox"/> \$ 400.00
	Non-Member	<input type="checkbox"/> \$ 550.00
Technologist/Nurse	SCCT Member	<input type="checkbox"/> \$ 450.00
	Non-Member	<input type="checkbox"/> \$ 725.00

Board Review Course ONLY

Physician/Scientist/Industry	SCCT Member	<input type="checkbox"/> \$ 850.00
	Non-Member	<input type="checkbox"/> \$1075.00
Resident/Fellow	SCCT Member	<input type="checkbox"/> \$ 250.00
	Non-Member	<input type="checkbox"/> \$ 400.00
Technologist/Nurse	SCCT Member	<input type="checkbox"/> \$ 275.00
	Non-Member	<input type="checkbox"/> \$ 425.00

One-Day Rate

Physician/Scientist/Industry	Thursday	<input type="checkbox"/> \$ 400.00
	Friday*	<input type="checkbox"/> \$ 475.00
	Saturday	<input type="checkbox"/> \$ 400.00
Residents/Fellows	Thursday	<input type="checkbox"/> \$ 100.00
	Friday*	<input type="checkbox"/> \$ 125.00
	Saturday	<input type="checkbox"/> \$ 100.00
Technologist/Nurse	Thursday	<input type="checkbox"/> \$ 100.00
	Friday*	<input type="checkbox"/> \$ 125.00
	Saturday	<input type="checkbox"/> \$ 100.00



SOCIETY OF
CARDIOVASCULAR
COMPUTED TOMOGRAPHY

* Includes Reception

SCCT|2017

Registration & Fees *(continued)*

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PLEASE PRINT

First Name _____ Middle Name or Initial _____

Last Name _____

National Provider ID No. *(Physicians Only)*: _____

Degree(s) *(Please check all applicable degrees)*:

FSCCT MD DO PhD RT RN MBBS Other _____

Primary Specialty *(choose one)*:

Cardiology Radiology Nuclear Medicine Emergency Physician Interventional Cardiology

Primary Care Physician Other _____

Cardiology Fellow* Radiology Resident*

*Non-members must provide a letter confirming enrollment in a Fellowship or Residency program.

Name of Fellowship or Residency Program: _____

Date of Completion: ____ / ____ / _____

Company/Organization Name _____

Mailing Address (Home Work)

Street _____

City _____

State/Province _____

Postal/Zip Code _____

Country _____

Daytime Phone _____

E-mail _____

Billing Address: Check if same as mailing address

If different, add it below: (Home Work)

Street _____

City _____

State/Province _____

Postal/Zip Code _____

Country _____

Daytime Phone _____

E-mail _____

Please do not include my email address on the participant list.

I want to become an SCCT member (Register online at www.scct.org for **SAME DAY** membership registration rate.)

PAYMENT METHOD

Check/Money Order payable to: SCCT

Check enclosed for \$ _____

Credit Card (AmEx, Discover, MasterCard or Visa accepted)

Total Amount: \$ _____

Card # _____ CVV Code _____ Expiration Date ____ / ____

Authorized Signature _____