

Texas Chapter of the American College of Cardiology  
**2017 Annual Meeting Registration Form**  
**October 13-14, 2017 • Hyatt Hill Country • San Antonio, Texas**

Full Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Spouse/Guest (circle one): \_\_\_\_\_

**Registration Fee** (Covers the educational sessions, social functions listed below and on-site meeting program)  
**Please indicate the number attending the following:**

	<b># People</b>	<b>Total</b>
TCACC FACC Members	_____ x \$100*	\$ _____
Physician Non-Members	_____ x \$150*	\$ _____
TCACC FIT Members	_____ x \$0*	\$ _____
FIT Non-Members	_____ x \$50*	\$ _____
TCACC CCA or CCMA Members	_____ x \$75*	\$ _____
CCA or CCMA Non-Members	_____ x \$150*	\$ _____
Spouse/Guest	_____ x \$0*	\$ _____

\*100 fee will be refunded to you on-site.

**Please indicate the number of persons attending the following social and breakout functions:**

**Friday, October 13**

- Continental Breakfast # \_\_\_\_\_
- Lunch (choose one)
  - Ethics* # \_\_\_\_\_
  - Fellowship/Early Career* # \_\_\_\_\_
  - Business/MACRA* # \_\_\_\_\_
- Dinner # \_\_\_\_\_
- Reception (choose any or all)
  - All* # \_\_\_\_\_
  - Advanced Prac* # \_\_\_\_\_
  - WIC* # \_\_\_\_\_

**Saturday, October 14**

- Continental Breakfast # \_\_\_\_\_
- Lunch # \_\_\_\_\_
- Dietary Requirements: \_\_\_\_\_

**Important Deadlines**  
**Sept. 20: Hotel Reservation**  
**Sept. 28: Meeting Registration**

**Payment:**

Total \$ \_\_\_\_\_       Check enclosed (Payable to TCACC)       I will call with my credit card

**Please return form to: TCACC • 401 W. 15th Street • Suite 100 • Austin, TX 78701-1680**  
**Questions? Call (512) 370-1514 or email caitlyn.boyd@texmed.org.**