

Adult Congenital Heart Disease in the 21st Century


Anatomy Review, Treatment Options,
and Pregnancy Management




FIRST NAME	MIDDLE INITIAL	LAST NAME	SUFFIX
DEGREE		HOSPITAL / COMPANY / ORGANIZATION	
MEDICAL SPECIALTY			
ADDRESS	STREET	SUITE OR APT #	
CITY	STATE	ZIP / POSTAL CODE	
TELEPHONE	FAX		
E-MAIL			

THREE WAYS TO REGISTER:

 **ON THE WEB:**
CE.MedStarHealth.org/ACHD

 **BY EMAIL:**
Scan form and email to:
MedStarCME@gmail.com

 **BY MAIL:**
MedStar Health
3007 Tilden Street, NW, Suite 3N
Washington, D.C. 20008

We are unable to accept registrations or cancellations by telephone.

All registrations will be confirmed by email only. If you have questions regarding registration or do not receive an email confirmation of your registration within 1-2 business days, please contact us at MedStarCME@gmail.com or 202-780-1655.

CANCELLATION POLICY:

Cancellations made in writing by August 30, 2019 will be subject to a 50% penalty. No refunds will be given after August 30, 2019. Cancellations will not be accepted by telephone. In the unlikely event that the course is canceled, MedStar Health will refund the registration fee, but is not responsible for any travel costs.

Please call 202-780-1655 or email MedStarCME@gmail.com if you have any questions or need any additional information.

	EARLY BIRD Full Conference Through August 23	Full Conference After August 23	1 Day Rate
Physician	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275	<input type="checkbox"/> \$195
Resident or Fellow	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125
Physician Assistant	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125
Nurse Practitioner	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125
Nurse	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125
Allied Health Professional	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125
Saturday Afternoon Session			
Patient/Family Member	<input type="checkbox"/> 1 Member \$20	<input type="checkbox"/> 2 Members \$30	<input type="checkbox"/> 3 Members \$35
			<input type="checkbox"/> 4 Members \$40

- Check Enclosed (Please make checks payable to "MedStar Health - ACHD 2019")
 Credit Card (Please indicate type below. Charges on statement will appear as "CMEQT")

American Express Visa Mastercard

CARD NUMBER	EXPIRATION DATE (MO/YEAR)	*CCV NUMBER
NAME OF CARDHOLDER		CARDHOLDER SIGNATURE

*The CCV number is a 3-digit non-raised number printed on the back of the credit card in the right hand corner of the signature strip. Amex card CCV numbers are 4-digits long and are on the front of the card.