RM1869G

Alaska ACP and AKOMA 2018 Registration Form Mail this completed Registration Form to: American College of Physicians, 190 N. Independence Mall West, Philadelphia, PA 19106-1572 or fax it to: (215) 351-2799 (no cover sheet necessary)

Attendee's Name						DO
Billing Address						
City/State/Zip						
Email						
Phone			Fax			
	Through 3	3/14/2018	3/15/2018	and later	COST	
ACP/AKOMA Member	\$500		\$600			
Non-Member	\$600		\$700			
Resident/Student	\$0		\$0			
20% Allied Health Pro/ Affiliate Member Discount *	\$400 (m)	\$480 (nm)	\$480 (m)	\$560 (nm)		
20% Retired Discount/ Active Military Discount *	\$400 (m)	\$480 (nm)	\$480 (m)	\$560 (nm)		
Daily Rates (applies only to non-discounted n	nember & non-ı	member rates)				
Thursday (5/3)	\$140 (m)	\$168 (nm)	\$168 (m)	\$196 (nm)		
Friday (5/4)	\$230 (m)	\$276 (nm)	\$276 (m)	\$322 (nm)		
Saturday (5/5)	\$230 (m)	\$276 (nm)	\$276 (m)	\$322 (nm)		
Guest Fee/Social guest				\$25		
Guest Fee/Banquet				\$65		
May 3 ABIM MOC SEP Module			\$100 (m)	\$125 (nm)		
May 5 Point of Care Ultrasound Worksh	ор		\$100 (m)	\$125 (nm)		
			TOTA	AL DUE:		
☐ Visa ☐ Mastercard ☐ AmEx ☐ Discover			Check e	enclosed: #		
Card Number			Security Code		Expiration	
Name on Card						
Signature						

^{*} NOTE: Limit one discount per registrant. Discounts are not stackable. Must register by contacting chapter staff at (800) 523-1546, ext. 2600 or (215) 351-2600 in order to get the correct registration rate.