

# Registration Form

## Guidelines International Network (G-I-N) Conference 2010

August 25, 2010 – August 28, 2010

Chicago, Illinois, USA



### 4 EASY WAYS TO REGISTER:

1. Register online at [www.gin2010.org](http://www.gin2010.org)
2. Fax this form with credit card information to ACCP Customer Relations at +1 (847) 498-5460 or +1 (847) 498-8313.
3. Call ACCP Customer Relations at (800) 343-2227 or +1 (847) 498-1400 (credit card registrants only).
4. Mail this form with credit card information or check to:  
American College of Chest Physicians  
Attn: Health and Science Policy  
3300 Dundee Road  
Northbrook, IL 60062

### REGISTER TODAY

Please print clearly and complete all fields. Incomplete applications may result in a processing delay.

ACCP ID (if applicable) \_\_\_\_\_

Last Name (family name) \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Professional Degree \_\_\_\_\_

Institution \_\_\_\_\_

Mailing Address:     Home     Office

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Daytime Phone (including country code) \_\_\_\_\_

Fax \_\_\_\_\_

Preferred e-mail \_\_\_\_\_

### Registration Type

G-I-N/ACCP Member

#### Type of G-I-N member:

Person/Individual

Your e-mail address on file with G-I-N: \_\_\_\_\_

Organization

Full Name of Organization: \_\_\_\_\_

\_\_\_\_\_

Note: a confirmation e-mail will be sent to you and your organization.

G-I-N/ACCP Nonmember

Student/Resident

Patient/Consumer Organization Representative

Gender:     Male     Female



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Last name (Family name) \_\_\_\_\_ First name \_\_\_\_\_

### G-I-N CONFERENCE 2010 REGISTRATION #7542

	On or Before June 24, 2010	After June 24, 2010
G-I-N/ACCP Member	<input type="checkbox"/> \$630 USD	<input type="checkbox"/> \$850 USD
G-I-N/ACCP Nonmember	<input type="checkbox"/> \$730 USD	<input type="checkbox"/> \$950 USD
Student/Resident*	<input type="checkbox"/> \$280 USD	<input type="checkbox"/> \$450 USD
Patient/Consumer		
Organization Representative*	<input type="checkbox"/> \$280 USD	<input type="checkbox"/> \$450 USD

#### Registration fee includes:

- The Welcoming Reception (August 25, 2010)

- One Gala Event Ticket (August 27, 2010)

(for G-I-N/ACCP members only)

As a G-I-N/ACCP Member, are you planning to attend the Gala Event?

YES \_\_\_\_\_ NO \_\_\_\_\_

Additional gala tickets may be purchased for all others/guests separately:

Number of additional individual gala tickets

\$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
(\$149 USD per Attendee) (# of Tickets) (Total)\*

\*Transfer Total to Payment Section

### G-I-N CONFERENCE 2010 PRECONFERENCE COURSES

#### ACCP Methodology Course #7591 (August 25, 2010, 8:30 AM - 4:30 PM)

	Registration Fee
G-I-N/ACCP Member	\$200 USD
G-I-N/ACCP Nonmember	\$250 USD
Student/Resident*	\$200 USD
Patient/Consumer	
Organization Representative*	\$200 USD

#### G-I-N PUBLIC Course #7597 (August 25, 2010, 9:00 AM - 3:30 PM)

	Registration Fee
G-I-N/ACCP Member	\$200 USD
G-I-N/ACCP Nonmember	\$300 USD
Student/Resident*	\$100 USD
Patient/Consumer	
Organization Representative*	\$100 USD

\*To obtain the Student/Resident and Patient/Consumer Organization Representative rates, you must submit a proof of eligibility document.

- Check this box if you would like a visa letter to be sent to your preferred e-mail address (as indicated above).

Conference Registration Total	\$ _____
Methodology Course Total	\$ _____
PUBLIC Course Total	\$ _____
Others/Guests Gala Event Registration Fee Total	\$ _____
Bank Transfer Charge \$30*	\$ _____
<b>Total Payment Due (USD)</b>	<b>\$ _____</b>

#### Charge my:

- VISA
- MasterCard
- American Express

Registrants outside the United States using a credit card will be charged at the exchange rate effective the date the charge is applied.

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

- Check or money order (drawn on a US bank in US dollars) payable to ACCP enclosed.

#### Bank Transfer

\*Bank transfers are only accepted for groups of five or more. Individual registration forms must be submitted for each registrant, and all forms must be faxed in as a group. You may also send the forms as a pdf via e-mail to rgutterman@chestnet.org. There is a charge of \$30 USD for each transaction.

G-I-N Conference 2010 refund requests must be received in writing on or before Friday, August 6, 2010 for reimbursement, less a \$50 processing fee. After Friday, August 6, 2010, refunds will no longer be issued, and registration for the conference will only be processed online or on-site.

For additional information, contact ACCP Customer Relations at (800) 343-2227 (US and Canada) or +1 (847) 498-1400 (Int'l).