

ACCC/CFS Annual Conference Registration

October 6-9, 2016 • Chicago Marriott Oak Brook • Oak Brook, Illinois

PLEASE PRINT

Complete Name _____ DC MD DO Other First name for badge _____

Office Address _____

City/State/Zip _____

Mailing Address (home work) _____

City/State/Zip _____

Office phone (_____) _____ Fax (_____) _____ E-Mail _____

Membership ACCC CFS

In case of emergency during the conference please contact this person

Name _____ Daytime phone (_____) _____ Evening phone (_____) _____

To register complete box A or B as appropriate, and box C. Enter the total amount due in box D

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|---|--|--|
| <p>A Full Conference Registration– Oct. 6-8, 2014</p> <p>Includes one (1) ticket to all meal functions</p> <p>ACCC or CFS Member <input type="checkbox"/> \$375 Student <input type="checkbox"/> \$150 Non-DC, MD, DO <input type="checkbox"/> \$200 Non-member <input type="checkbox"/> \$475 I will attend the Oct. 6 evening session <input type="checkbox"/> --- I will attend the Oct. 6 bonus seminar <input type="checkbox"/> ---</p> <p>All registrations postmarked after Sept. 17, and at the door (space available) add \$100</p> <p style="text-align: right;">Subtotal A \$ _____</p> | <p>C Additional Meal Tickets (for those not registered for conference but attending meal functions)</p> <p>Friday Breakfast <input type="checkbox"/> \$12 Friday lunch <input type="checkbox"/> \$12 Saturday Breakfast <input type="checkbox"/> \$12 Saturday Lunch <input type="checkbox"/> \$12</p> <p style="text-align: right;">Subtotal C \$ _____</p> | <p>Three easy ways to register:</p> <p>Mail Dr. David Cox 8219 Kennedy Ave Highland, IN 46322</p> <p>Phone 219.838.3141 M, Tu, W, F – 9a.m. - 5 p.m. central time zone (credit card payment only)</p> <p>Secure Fax 219.237. 2274</p> <ul style="list-style-type: none"> • If you fax this form, please do not mail original • Fax and phone orders accepted only with credit card payment • Payment must accompany registration |
| <p>B ABCC and ABFP Examinee Conference Registration (reduced full conference rate for doctors registered for and taking the 10/6/16 Board certifying exam)</p> <p>Includes one (1) ticket to all meal functions ABCC or ABFP Examinee <input type="checkbox"/> \$150</p> <p>All registrations postmarked after Sept. 17 and at the door (space available) add \$100</p> <p style="text-align: right;">Subtotal B \$ _____</p> | <p>D</p> <p style="text-align: center;">TOTAL AMOUNT DUE _____</p> <p>Special Requests</p> <p><input type="checkbox"/> I will need a vegetarian meal <input type="checkbox"/> I will be using a wheelchair at conference (info needed to project space accommodation for meeting rooms and other functions)</p> | |

Payment (must accompany registration form)

MasterCard (16 digits) VISA (13 or 16 digits) Check (enclosed) (Make check payable to ACCC)

- If rebilling of a credit care charge is necessary, a \$25 processing fee will be charged
- Checks not in U.S. funds will be returned
- A charge of \$20 will apply to checks returned for insufficient funds
- If you fax this form, do not mail original

Account Number _____ Security Code (3 digits on back of card) _____ Expiration Date _____

Signature _____ Cardholder's name (please print) _____

Cancellation Policy: ALL CANCELLATIONS MUST BE MADE IN WRITING. A \$25 processing fee will apply to all cancellations postmarked more than 30 days before the conference. A \$50 processing fee will be charged for cancellations postmarked between 14 and 29 days before the conference. No refunds will be made on cancellations postmarked less than 14 days before the conference.

Registration Information

You will be making your own room reservations directly with the hotel Reservations Department. To do so, call the hotel directly at (630) 573-8555. Group reservations are not handled through the Central Reservation System. Be sure to clearly identify the event/group when making reservations to qualify for special group rate. Your reservation must be received by the cutoff date. Any reservations after that time will be accepted on a space and rate availability basis. A deposit equal to one (1) night's stay is required to hold each individual's reservation. Upon check-in, the deposit will be applied to the final night of the reserved stay.

Registration Types

You must be a member in good standing at the time you register to take advantage of the discounted member fees.

Join and Register

You can become an ACCC/CFS member and register for the conference at the reduced member rate. Benefits of membership include:

- Discounts on educational programs and publications
- Certification program
- Access to web site
- And more!

Cancellation Policy

All cancellations must be made in writing, fax or e-mail. Should a guest cancel a reservation, his/her deposit will be fully refundable if the cancellation is received in writing not less than 48 hours prior to arrival. If cancelled via telephone a cancellation number must be obtained.

Conference Changes

ACCC/CFS reserves the right to substitute faculty or reschedule speaker times due to unforeseen circumstances

CME Credits

CME credits are offered through National University of Health Sciences. Attendance will be verified through attendance sheets. \$10 fee for Attendance Certification is applicable. NUHS is responsible for submitting information for state approval.

Hotel Information

A block of rooms at a special discount rate of \$107.00 (single), plus state and local taxes, are being held at Chicago Marriott Oak Brook at 630-573-8555. Ask for ACCC group rate.

Airport Transportation

Chicago Marriott Oak Brook is just 14 miles from O'Hare Airport. We can help arrange transportation if necessary through our outside transportation vendor, Windy City Limo (866-949-4639)

Deductibility of Expenses

Consult your tax adviser for information regarding deductibility of registration & membership fees.

Questions?

Please call the ACCC office at 219-838-3141 if you have any questions.