

45th CRITICAL CARE CONGRESS: REGISTRATION FORM

February 20-24, 2016 🔺 Orange County Convention Center 🔺 Orlando, Florida, USA

CHOOSE FROM FOUR EASY WAYS TO REGISTER:

1. Online at www.sccm.org/Congress 2. Call SCCM Customer Service at +1 847 827-6888 3. Fax the completed form to +1 847 493-6444 4. Mail the completed form to: 35083 Eagle Way, Chicago, IL 60678-1350 USA

Please use this form to register for the 45th Critical Care Congress. Please type or print clearly and keep a copy of this form for your records.

REGISTRANT INFORMATION

| Last Name (Surname) | First | Middle Initial | Customer/Member # |
|--|------------------------|----------------|-------------------------|
| Degrees/Credentials (ex.: ACNP, MD, PharmD, RN, RRT, etc.) |) | | Gender: □ Male □ Female |
| Organization | Address | | |
| City | State | | Zip/Postal Code |
| Country | □ Home □ Office Phone | | |
| Fax | Email | | |
| Emergency Contact Name | Emergency Contact Phon | | |

2016 CONGRESS REGISTRATION RATES

| | Early Rate by 12/16/2015 | Advance Rate by 1/13/2016 | Full Rate | Daily Rate |
|--|-----------------------------|------------------------------|---------------------------|-------------------------|
| MEMBER Physician Healthcare Prof. Student* | \$845 * \$615 \$320 | \$960 \$730 \$380 | \$1,040 \$810 \$405 | \$495 \$385 \$195 |
| NONMEMBER Physician Healthcare Prof. Student* | \$1,075 * \$770 \$410 | \$1,190 \$890 \$470 | \$1,270 \$970 \$500 | \$605 \$460 \$235 |

FOR DAILY RATES, PLEASE INDICATE WHICH DAY BELOW:

CONGRESS TUITION

ADDITIONAL TICKETED SESSIONS/EVENTS

You must register for Congress to attend these courses at the rates listed below. If you do not want to register for Congress, but wish to attend one of the sessions/events listed below, please visit www.sccm.org/store or contact SCCM Customer Service.

| Physician Healthcare Prof.* Student* | \$845 \$615 \$320 | \$960 \$730 \$380 | \$1,040 \$810 \$405 | \$495 \$385 \$195 | Advances in Veterinary Critical Care \$395 Critical Care Pharmacy Preparatory Review and | \$ | |
|--|---------------------------|---------------------------|---------------------------|-------------------------|--|----------------|--|
| NONMEMBER Physician Healthcare Prof.* Student* | \$1,075 \$770 \$410 | \$1,190 \$890 \$470 | \$1,270 \$970 \$500 | \$605 \$460 \$235 | Recertification Course \$395 Critical Care Ultrasound \$1,495 Critical Care Ultrasound - Pediatric \$1,495 Current Concepts in Adult Critical Care \$395 | \$ \$ \$ | |
| *Fellows and resi rate. Training veri for fellows, reside | fication letter | must accompa | | | □ Current Concepts in Pediatric Critical Care \$395 SATURDAY, FEBRUARY 20 | \$ | |
| FOR DAILY RATES, PLEASE INDICATE WHICH DAY BELOW: With daily registration, you may attend educational sessions, access the Exhibit Hall and register for ticketed events only on the day for | | | | ccess | Half-Day Course ☐ Advanced Practice Providers in the ICU: Finances and Productivity \$195 Full-Day Courses | | |
| which your registra Sunday, Feb. 21 | ation was purcl | nased. | uesday, Feb. 2 | | Adult Airway Management in the Critically III \$495 Fundamentals Faculty Academy \$195 Hemodynamic Monitoring: From Cardiovascular | \$ \$ | |
| CONGRESS TUI | TION | \$ | \$ | | Physiology to Applied Intensive Care Medicine \$495 | \$ | |
| Tuition includes o | | 0 | | | Mechanical Ventilation: Strategies and Implementation \$495 | \$ | |
| Congress and admission to all general Congress sessions, Exhibit Hall and Exhibit Hall refreshment breaks, Poster Hall, and Research Snapshot Theaters. | | | | | MONDAY, FEBRUARY 22 | | |
| | | | ks, Poster Ha | all, and | Fellowship Program Directors' Luncheon \$75 | \$ | |
| rteeeuren enapen | or moutoro. | | | | THURSDAY, FEBRUARY 25 AND FRIDAY, FEBRUARY 26 | | |
| | | | | | ECMO Management \$1,495 University of South Florida Health Center for Advanced Medical Learning and Simulation Tampa, Florida, USA Round-trip transportation provided. | \$ | |

| | ADDITIONAL TICKETED SE | SSIONS/EVENTS FEES \$ |
|--|------------------------|-----------------------|
| □ Check (must be U.S. funds drawn on a U.S. bank) or International Money Order □ Wire Transfer (Please contact SCCM Customer Service for wire transfer information. |) | MEMBERSHIP DUES \$ |
| □ Credit Card: □ American Express □ Discover □ MasterCard □ Visa | , | TOTAL DUE \$ |
| Card Number | Expiration Date | |
| Cardholder Name | | |
| Cardholder Signature | Date | |

If you require any special assistance related to a disability, diet or other needs, please contact SCCM Customer Service by e-mail at support@sccm.org or call +1 847 827-6888, Monday through Friday between 8:00 a.m. and 5:00 p.m. Central Time, to determine specific requirements.

CANCELLATION/REFUND POLICY Cancellations must be submitted in writing. All cancellations are subject to a \$75 non-refundable processing fee and must be postmarked prior to January 13, 2016, to be eligible for a refund. Any cancellation postmarked after this date will not be refunded. Exchanges and substitutions are not allowed at any time. Dates for the 45th Critical Care Congress are subject to change and/or cancellation. In the event of a change/ cancellation, only individual registration fees will be reimbursed. Please allow four weeks to process refunds.