

Registration

Meeting Registration

**Georgia Chapter of the American College of Cardiology
Practice Administrators' Seminar
May 8 & 9, 2008
Ritz Carlton Lodge at Lake Oconee
Greensboro, Georgia**

Please check one: Administrator Practice Manager Other

1. Name _____ Degree: _____
Badge Name _____

Please check one: Administrator Practice Manager Other

2. Name _____ Degree: _____
Badge Name _____

Practice Name _____

Practice Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Please check here if you are disabled and require special services. Attach a description of needs.

Is your physician a Georgia Chapter Member?

Yes No Name of physician _____

Meeting Fees Include

All lectures, breaks on Thursday and Friday, Thursday reception/dinner and Friday continental breakfast

If your physician is a Chapter member \$195 x _____ \$ _____

If your physician is not a Chapter member \$295 x _____ \$ _____

Total Enclosed \$ _____

Will you be attending dinner on Thursday? _____ Yes x _____
_____ No x _____

***Deadline to make hotel accommodations is May 1. Rooms are based upon availability so reserve early.
Ritz Carlton Lodge – 706.467.0600 Single/double occupancy \$265 per night**

**Complete this form, enclose your check and mail to:
Georgia Chapter of the American College of Cardiology
4850 Golden Parkway, Suite B-418, Buford, GA 30518
Telephone: 770.271.0798 Fax: 770.271.0634**

Please Note: Refunds will be issued for cancellations received before April 30 and will be subject to a \$25.00 administrative processing fee.