

Registration Form



REGISTRATION COURSE FEES (PER COURSE)

2009 Introduction to CPT, ICD-9-CM, and Evaluation and Management Coding

- Ft. Lauderdale, FL | February 26 St. Louis, MO | May 14
 Chicago, IL | July 9 Los Angeles, CA | August 27

CATEGORY	EARLY*	LATE	TOTAL
ACS Member(s)	___ x \$375	___ x \$390	\$
Attending with ACS Member:			
First Staff Member	___ x \$375	___ x \$390	\$
Second Staff Member	___ x \$350	___ x \$365	\$
Each Additional Staff Member	___ x \$325	___ x \$340	\$
ACS Nonmember(s)	___ x \$425	___ x \$440	\$
Attending w/out ACS Member:			
First Staff Member	___ x \$425	___ x \$440	\$
Second Staff Member	___ x \$400	___ x \$415	\$
Each Additional Staff Member	___ x \$375	___ x \$390	\$
<i>*Four weeks prior to course date</i>			Registration Total: \$

2009 Surgical and Office-Based Coding and Reimbursement (Advanced)

- Ft. Lauderdale, FL | February 27 St. Louis, MO | May 15
 Chicago, IL | July 10 Los Angeles, CA | August 28

CATEGORY	EARLY*	LATE	TOTAL
ACS Member(s)	___ x \$375	___ x \$390	\$
Attending with ACS Member:			
First Staff Member	___ x \$375	___ x \$390	\$
Second Staff Member	___ x \$350	___ x \$365	\$
Each Additional Staff Member	___ x \$325	___ x \$340	\$
ACS Nonmember(s)	___ x \$425	___ x \$440	\$
Attending w/out ACS Member:			
First Staff Member	___ x \$425	___ x \$440	\$
Second Staff Member	___ x \$400	___ x \$415	\$
Each Additional Staff Member	___ x \$375	___ x \$390	\$
<i>*Four weeks prior to course date</i>			Registration Total: \$

ACCREDITATION: The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

CME CREDIT: The American College of Surgeons designates this educational activity for a maximum of 6.5 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

For nonphysicians, each program meets the American Academy of Professional Coders' guidelines for 6.5 continuing education units.

THREE EASY WAYS TO REGISTER:	
ONLINE	www.facs.org/ahp/workshops/index.html (credit card only)
FAX	1-312/202-5003
MAIL	Registration Services, American College of Surgeons 633 N. Saint Clair St., Chicago, IL 60611-3211

CONTACT INFORMATION

OFFICE OF	
NAME	
ACS ID NUMBER	
ADDRESS	
CITY	
STATE	ZIP
PHONE	
FAX	
E-MAIL	
ATTENDEES	
<input type="checkbox"/> INTRODUCTION <input type="checkbox"/> ADVANCED <input type="checkbox"/> MD, FACS <input type="checkbox"/> MD <input type="checkbox"/> CODER <input type="checkbox"/> OTHER (SPECIFY) _____	
<input type="checkbox"/> INTRODUCTION <input type="checkbox"/> ADVANCED <input type="checkbox"/> MD, FACS <input type="checkbox"/> MD <input type="checkbox"/> CODER <input type="checkbox"/> OTHER (SPECIFY) _____	
<input type="checkbox"/> INTRODUCTION <input type="checkbox"/> ADVANCED <input type="checkbox"/> MD, FACS <input type="checkbox"/> MD <input type="checkbox"/> CODER <input type="checkbox"/> OTHER (SPECIFY) _____	
<input type="checkbox"/> INTRODUCTION <input type="checkbox"/> ADVANCED <input type="checkbox"/> MD, FACS <input type="checkbox"/> MD <input type="checkbox"/> CODER <input type="checkbox"/> OTHER (SPECIFY) _____	

METHOD OF PAYMENT

<input type="checkbox"/> Check (made payable to the American College of Surgeons)
CREDIT: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
NAME OF CARDHOLDER
NUMBER
EXPIRATION DATE
SIGNATURE

PLEASE LIST ANY SPECIAL NEEDS HERE ALONG WITH ATTENDEE NAME
