



CONFERENCE REGISTRATION FORM - SIDE ONE

Name _____
Last Name First Name Middle Initial Credentials

Mailing Address _____

City _____ State _____ ZIP _____ Country _____

Institution _____ Email* _____

Office Phone () _____ Alternate Phone () _____ Fax () _____

**E-mail required for confirmation. If you have not received a confirmation email within 14 days of submitting this form, contact pcics@societyhq.com.*

What is your primary medical specialty? Cardiology Critical Care Cardiac Surgery Anesthesia Neonatology
 Cardiac Nurse Cardiac APP Other **Have you attended a PCICS conference before?** Yes, I attended in _____. No

Do you have any dietary restrictions? If so, please list _____



All general sessions will be video recorded and breakouts will be audio recorded. These recordings will be made available to registrants for no additional charge following the meeting. With or without these recordings, you will automatically receive the collected syllabus material, which will be PDFs of speaker slides or other faculty submissions.

CONFERENCE REGISTRATION FEES

Your registration fee covers all refreshment breaks, welcome reception, breakfast, access to the mobile meeting guide and program at a glance.

	Through October 10, 2018	Through November 7, 2018	After November 7, 2018
<input type="checkbox"/> MEMBER Physician	\$895	\$945	\$995
<input type="checkbox"/> NON-MEMBER Physician	\$945	\$995	\$1,045
<input type="checkbox"/> MEMBER Nurse/Allied Health	\$595	\$645	\$695
<input type="checkbox"/> NON-MEMBER Nurse/Allied Health	\$645	\$695	\$745
<input type="checkbox"/> MEMBER Resident or Fellow	\$575	\$625	\$675
<input type="checkbox"/> NON-MEMBER Resident or Fellow	\$595	\$645	\$695
<input type="checkbox"/> Physician Faculty	\$895	\$895	\$895
<input type="checkbox"/> Resident or <input type="checkbox"/> Fellow Faculty	\$595	\$595	\$595
SIMS Preconference 1 – Thursday, December 13, 1:00-4:45 pm			
<input type="checkbox"/> Physician/Advanced Practice Providers Registration is limited.	\$50	\$75	\$100
<input type="checkbox"/> Bedside Nurse Registration is limited.	\$25	\$50	\$75
<input type="checkbox"/> Quality Improvement Preconference 2 – Thursday, December 13, 1:00-4:45 pm	\$50	\$75	\$100

Tiers 3 and 4 PCICS members only will receive a 50% reduction on their meeting registration. Go to: www.pcics.org/join/membership-tiers/ for the membership Tiers listing. There are a limited number of discounted registrations available.

Choose your preferences for the sessions on side two. ▼ There is no additional charge for breakout sessions. **TOTAL AMOUNT DUE** \$ _____

Limited Time Promotion - Early Bird Colleague Special – Online Registration Only

RECEIVE 15% OFF YOUR REGISTRATION FEE. When five or more colleagues from one institution register for this meeting, each person will be entitled to a 15% discount on their registration fee. In order to receive this discount, each person who registers must be employed by the same institution and be registered on or before November 7, 2018. Please note that this special offer is available only to institutions that register a minimum of five colleagues. The 15% discount does not apply to registrants in Tiers 3 and 4.

Failure to meet the five registrant minimum by November 7 voids the discount, and the four or fewer people from your institution will be charged the 15% balance owed.

Please Note: If your institution is paying by check for the Early Bird Colleague Special, each registrant will need to complete an individual registration form and all forms must be submitted together with the check to receive the 15% off the per person registration fee. If you have any questions, please contact the PCICS office at pcics@societyhq.com.



CONFERENCE REGISTRATION FORM - SIDE TWO

PLEASE FILL OUT BOTH SIDES OF THIS FORM TO COMPLETE YOUR REGISTRATION.

▼ Choose your preferences for the sessions below to complete your registration. ▼
There is no additional charge for breakout sessions.

Friday, December 14 Concurrent Breakout Sessions		Saturday, December 15 Concurrent Breakout Sessions	
1:00 pm - 3:00 pm (included in conference registration)		8:00 am - 8:50 am (included in conference registration)	
<input type="checkbox"/>	Breakout 1 – ECMO: Challenges and Opportunities	<input type="checkbox"/>	Morning Skills Lab Session 1 – Effective Communication and Counseling
<input type="checkbox"/>	Breakout 2 – Bedside Rounds: Is the Evolution Ready for a Revolution?	<input type="checkbox"/>	Morning Skills Lab Session 2 – Rapid Fire: CICU Monitoring
<input type="checkbox"/>	Breakout 3 – Basic Science, Clinical Science and Education Research Abstract Presentations	1:00 pm - 3:00 pm (included in conference registration)	
3:30 pm - 5:30 pm (included in conference registration)		<input type="checkbox"/>	Breakout 1 – Cliff Note on Pediatric VAD Management
<input type="checkbox"/>	Breakout 4 – Ethics and Social Media – Benefits and Pitfalls	<input type="checkbox"/>	Breakout 2 – Living (and Dying) in the CICU: Challenges of Chronic Critical Illness
<input type="checkbox"/>	Breakout 5 – Contemporary Approaches to the Single Ventricle Neonate	<input type="checkbox"/>	Breakout 3 – Invited Quality and Research Collaboratives
<input type="checkbox"/>	Breakout 6 – Quality Improvement Shark Tank		

PAYMENT INFORMATION: Check (made payable to PCICS) Credit Card: VISA MasterCard Discover AMEX

Card No. _____ Exp. Date _____ CVV Code _____

(CVV Code is the 3-digit number in signature box on the back of VISA/MC/Discover or 4-digit number on front of AMEX card above the card number)

Card Billing Address _____ Card Billing ZIP _____

Signature _____ Printed Name on Card _____

Americans with Disabilities Act: PCICS has fully complied with the legal requirements of the ADA and the rules and regulations thereof. If any participant in this educational activity is in need of accessible accommodations, please contact PCICS in advance at pcics@societyhq.com.

Cancellation Policy: Refund requests should be submitted in writing to pcics@societyhq.com by November 1, 2018. A \$50 processing fee will be deducted from all refunds. We regret that refunds cannot be honored for requests received after November 1, 2018. Substitutions are not allowed.

Email, mail or fax to: PCICS • 2209 Dickens Road, Richmond, VA 23230-2005 • pcics@societyhq.com • Phone (804) 565-6398 • Fax (804) 282-0090