

CHEST Board Review Registration Form

Austin, Texas

BADGE NUMBER (for preregistered attendees only)

Registrant Information

FIRST NAME	MI	LAST NAME (SURNAME)	
DEGREE	CHEST ID #		
MAILING ADDRESS	<input type="checkbox"/> HOME	<input type="checkbox"/> OFFICE	
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
DAYTIME PHONE	E-MAIL (required)		

Board Courses

- Critical Care Board Review August 10-13
- Pediatric Pulmonary Board Review August 10-13
- Pulmonary Board Review August 15-19

Optional Courses August 14

- Thoracic Ultrasound for the Pulmonologist and Intensivist 7:00 AM – 1:00 PM
- Mechanical Ventilation 2:00 PM – 6:00 PM

Board Review Rates (please check only one)

	Member		Nonmember	
	\$1,195 (through March 31)	\$1,295 (April 1 or later)	\$1,395 (through March 31)	\$1,495 (April 1 or later)
Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonphysician Doctoral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry Representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$995 (through March 31)	\$1,095 (April 1 or later)	\$1,095 (through March 31)	\$1,195 (April 1 or later)
Clinician-nonphysician/nondoctoral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fellow-in-Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonphysician-in-Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Ventilation	\$259 <input type="checkbox"/>		\$299 <input type="checkbox"/>	
	February 1-16	February 17-August 8	February 1-16	February 17-August 8
Thoracic Ultrasound	\$425 <input type="checkbox"/>	\$495 <input type="checkbox"/>	\$499 <input type="checkbox"/>	\$569 <input type="checkbox"/>
Bundle (Mech Vent/Thoracic Ultra)	\$600 <input type="checkbox"/>	\$665 <input type="checkbox"/>	\$700 <input type="checkbox"/>	\$765 <input type="checkbox"/>

Payment

Board Review Registration Fee \$ _____

Optional Course \$ _____

Total payment due (USD) \$ _____

- Wire Transfer
- Check or money order (drawn on a US bank in US dollars) payable to CHEST enclosed.

Full refund minus \$250 processing fee for cancellation requests received by July 15; no refunds after July 15.

Fax: 708/344-4444 • boardreviewregistration@compusystems.com*

CompuSystems/CHEST Board Review
2651 Warrenville Road, Suite 400
Downers Grove, IL 60515

- American Express
- MasterCard
- VISA

CARD NUMBER

EXP DATE

***Sending credit card information by e-mail is not secure and is not recommended.**

- Wire Transfer
- Check or money order (drawn on a US bank in US dollars) payable to CHEST enclosed.

For CHEST Use

Cash received \$ _____ Check number _____

Cash paid out \$ _____ Amount \$ _____

Photographs, audio recordings, and video recordings are periodically taken during CHEST programs. All attendees agree that CHEST may use any photograph, audio recording, or video recording in its publications, website, or other materials without providing additional notice or compensation.