

# CHEST Board Review Registration Form

Phoenix, Arizona

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

- Sleep Medicine Board Review August 16-18
- Critical Care Board Review August 16-19
- Pulmonary Board Review August 21-24

### Optional Courses August 20

- 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 April 30)	\$1,295 (May 1 or later)	\$1,395 (through April 30)	\$1,495 (May 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 April 30)	\$1,095 (May 1 or later)	\$1,095 (through April 30)	\$1,195 (May 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	\$359 <input type="checkbox"/>		\$409 <input type="checkbox"/>	
Thoracic Ultrasound	\$495 <input type="checkbox"/>		\$569 <input type="checkbox"/>	
<b>Bundle</b> (Mech Vent/Thoracic Ultra)	\$790 <input type="checkbox"/>		\$869 <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.*