

SCA 22nd Annual Echo Week
February 17–22, 2019 | Atlanta, GA | Loews Atlanta Hotel

Please print. Use a separate form for each registrant.

Complete Name _____ First Name for Badge _____

Credentials _____ ABA Number _____ (format: 1234-5678)

Facility _____ Facility City/State _____

Preferred Address (Home Office) _____ City/State/ZIP _____

Cell Phone _____ Office Phone _____ Fax _____ ASE Member # _____

E-mail* (required) (Home Office) _____ (FTA) Check here if this will be your first SCA Echo Week.

*You will receive an e-mail confirmation of your registration when it has been processed.

Emergency Contact Name _____ Day Phone _____ Evening Phone _____

To register, make your selections in the boxes below, add the subtotals, and indicate the total amount in box F. Please be sure to fill out the back of this form.

Registration (Sunday–Friday) A		
	On or Before 1/2/2019	After 1/2/2019
Member Rates		
SCA Member	<input type="checkbox"/> \$1,575	<input type="checkbox"/> \$1,675
ASE Physician/Scientist Member	<input type="checkbox"/> \$1,575	<input type="checkbox"/> \$1,675
Fellow Member*	<input type="checkbox"/> \$975	<input type="checkbox"/> \$1,075
Resident Member*	<input type="checkbox"/> \$975	<input type="checkbox"/> \$1,075
ASE Non-Physician Member	<input type="checkbox"/> \$1,700	<input type="checkbox"/> \$1,800
Nonmember Rates		
Nonmember (of neither SCA nor ASE)	<input type="checkbox"/> \$1,975	<input type="checkbox"/> \$2,075
Fellow*	<input type="checkbox"/> \$1,100	<input type="checkbox"/> \$1,200
Resident*	<input type="checkbox"/> \$1,100	<input type="checkbox"/> \$1,200
Allied Health Rate	<input type="checkbox"/> \$1,700	<input type="checkbox"/> \$1,800
*Rates require a letter from the department chairperson verifying status. Please e-mail to info@scahq.org.		Subtotal A \$ _____

Membership B	
<input type="checkbox"/> SCA Only (\$180, please choose one option from the list below)	
Choose one: <input type="checkbox"/> Active <input type="checkbox"/> Associate <input type="checkbox"/> Career Scientist <input type="checkbox"/> Resident (\$40) <input type="checkbox"/> Fellow (\$40)	
<input type="checkbox"/> SCA Only + Online A&A Journal (\$255)	
Choose one: <input type="checkbox"/> Active <input type="checkbox"/> Associate <input type="checkbox"/> Career Scientist	
Please complete the following information:	
Date of Birth (MM/DD/YY) ____ / ____ / ____	
Type of Practice <input type="checkbox"/> Private <input type="checkbox"/> University (Academic) <input type="checkbox"/> Government <input type="checkbox"/> Other <input type="checkbox"/> University-Affiliated Center	
Institution _____	
Fellows and Residents Only*	
Program End Date (MM/YY) ____ / ____ Program Director _____	
Program Director's E-mail _____	
*Required	
Subtotal B \$ _____	

→ If you join the Society, you immediately become eligible for member registration rates.

GOLD Registration Upgrade C	
Echo Week On Demand	
Upgrade your meeting registration to GOLD and access over 30 hours of education at home with Echo Week On Demand .	
GOLD Registration Upgrade	<input type="checkbox"/> \$609
Subtotal C \$ _____	

Additional Sessions (Limited registration is available) D	
3D Image Acquisition Workshop	
Wednesday, February 20, 6:45–7:45 am	
WS1: 3D Hands-On Workshop	<input type="checkbox"/> \$200
3D Imaging and Laptop Computer Workshop	
Thursday, February 21, 5:15–8:15 pm	
WS2: Laptop Computer Workshop	<input type="checkbox"/> \$200
Hands-On Structural Heart Disease Workshop	
Thursday, February 21, 5:15–8:15 pm	
WS3: Structural Heart Disease Workshop	<input type="checkbox"/> \$300
Subtotal D \$ _____	

Special Requests E	
<input type="checkbox"/> I require special assistance. Please contact me. (SA)	
<input type="checkbox"/> I will need a vegetarian meal. (SDV)	
<input type="checkbox"/> I do not wish to have my name and contact information included in the onsite attendee list. (DIS)	

F	
A + B + C + D = \$ _____	Total

4 Easy Ways to Register

Fax* 888.374.7259

Online* www.scahq.org/EchoWeek

Phone* 855.658.2828 or 847.375.6313

**Credit card payment only*

Mail

SCA
PO Box 3781
Oak Brook, IL 60522

Media waiver: SCA may take photographs, video, and/or audio of this event for use in SCA news, as well as promotional and educational materials in print, electronic, and other media—including the SCA website. By participating in this event, you grant SCA the right to use any video, image photograph, voice, or likeness—without limitation—in its news, promotional materials, and educational and publicity efforts without compensation. All types of media will become property of SCA.

Personally Identifiable Information: By registering for this event, you agree to the collection, use, and disclosure of Personally Identifiable Information (PII). PII includes any information that identifies you personally (e.g., name, address, e-mail address, phone number, etc.). SCA will use PII to: (a) enable your event registration; (b) review, evaluate, and administer SCA initiatives; (c) market SCA opportunities you may potentially be interested in; and (d) share your PII with third parties that perform services on behalf of SCA, such as database management, event housing, and transportation. SCA may use your PII as long as SCA remains active in conducting any of the above purposes. SCA will not sell your PII.

Cancellation Policy: All cancellations must be made in writing. All registration cancellations and refund requests must be made in writing by January 17, 2019. A refund of the full conference fee, minus a \$100 administrative fee, will be given for cancellations received by that date. No refunds will be granted for requests postmarked after January 17, 2019. SCA reserves the right to substitute faculty or to cancel or reschedule sessions because of low enrollment or other unforeseen circumstances. If SCA must cancel the entire meeting, registrants will receive a full credit or refund of their paid registration fee. No refunds can be made for lodging, airfare, or any other expenses related to attending the meeting.

Payment (must accompany registration form)

IF YOU FAX THIS FORM, PLEASE DO NOT MAIL THE ORIGINAL.

Check Visa MasterCard Discover American Express

* Checks not in U.S. funds will be returned.

* A charge of \$20 will apply to checks returned for insufficient funds.

* If rebilling of a credit card charge is necessary, a \$25 processing fee will be charged.

* I authorize SCA to charge the credit card listed below amounts reasonably deemed by SCA to be accurate and appropriate.

Account number

Exp. date

Signature