



Registration Form: 2010 CTA Academy – San Paulo, BRAZIL

Please type or print clearly

Name _____
 First Name Initial Last Name

Degree _____ Specialty _____ Last 4 digits of Soc. Sec. # _____

Address _____

City _____ State _____ Zip Code _____

Country _____

Daytime Phone _____ Fax _____

E-mail _____

_____ I want to become an SCCT member.

Join online at <https://www.scct.org/membership/applicationform.cfm> for SAME DAY membership registration rate.

Registration fees:

_____ SCCT members: US \$1,500 _____ Nonmembers: US \$1,700

_____ Fellow/Resident Member US \$1,000 _____ Fellow/Resident Non-Member US \$1,200

**Fellows and residents are required to email (info@scct.org) a letter on official letterhead signed by the department supervisor verifying status. Registrations without proper documentation will be charged the full registration rate.*

Payment Method:

1. Check/Money Order payable to: **Society of Cardiovascular Computed Tomography**

2. _____ Visa _____ Discover _____ MasterCard _____ American Express

Credit card registrations may be faxed to 703-766-1265.

Card # _____ CVV Code _____ Expiration Date _____

Authorized Signature _____

Cancellation Policy: Due to popular demand and limited space, all cancellations must be sent to SCCT Headquarters in writing (email is accepted) and refunds will be made by check. A full refund, less a \$750 cancellation fee will be made for cancellations four weeks prior to the CTA Academy. No refunds will be made for cancellations less than four weeks prior to the CTA Academy.

Fax this form with your payment to:

703-766-1265

Or Mail to:

Society of Cardiovascular Computed Tomography
 415 Church Street, NE, Suite 204
 Vienna, VA 22180

www.scct.org

Phone: 703-766-1706 Email: info@scct.org