

CHEST 2021 Registration Form

US and Canadian

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)		

	REGISTRATION		REGISTRATION		REGISTRATION	
	Member		Nonmember		Become a Member	
	\$899 <i>(thru Sept 30)</i>	\$999 <i>(after Sept 30)</i>	\$1,199 <i>(thru Sept 30)</i>	\$1,299 <i>(after Sept 30)</i>	\$1,199 <i>(thru Sept 30)</i>	\$1,299 <i>(after Sept 30)</i>
Physician	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry Representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$399 <i>(thru Sept 30)</i>	\$499 <i>(after Sept 30)</i>	\$499 <i>(thru Sept 30)</i>	\$599 <i>(after Sept 30)</i>	\$499 <i>(thru Sept 30)</i>	\$599 <i>(after Sept 30)</i>
Clinician-nonphysician/nondoctoral	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intern	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonphysician-in-Training	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member Spouse (for CME)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payment

CHEST 2021 \$ _____

Member Spouse (for CME) \$ _____

Name _____

Total payment due (USD) \$ _____

Credit Card

American Express MasterCard VISA

CARD NUMBER _____ CVV _____ 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.

Full refund of registration fee for cancellation requests received by September 30; no refunds after September 30. If you Become a Member when you registered, only your course registration can be canceled. No refunds will be given for membership.

Fax: 708/344-4444
chestregistration@csreg.zohodesk.com*

CompuSystems/CHEST 2021
2601 Navistar Drive | Lisle, IL 60532

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.

For CHEST Use

Cash received \$ _____ Check number _____
Cash paid out \$ _____ Amount \$ _____