



RCIS Review Course

April 25-26, 2009

Mission Health System

509 Biltmore Avenue, Asheville, NC

The Society of Invasive Cardiovascular Professionals will present our two-day Registry Review Course conducted by one of our premier review course presenters.

This course is designed to review information for the CCI RCIS invasive registry exam. This course will help you identify areas in which you need to concentrate your self study, or will serve as an overview for those who are prepared to take the exam.

Topics

Hemodynamics, Calculations, Cardiovascular A&P, Interventions, Pharmacology, Equipment and Instrumentation, Radiation Safety, Patient Care and Assessment

Schedule

Saturday..... 8:00 am - 5:00 pm

Sunday 8:00 am - 2:00 pm

For complete schedule details and instructor information, please visit www.sicp.com

The Review Course fee for members is \$105 and \$180 for non-members. 2009 SICP Membership is included with the cost of a non-member registration.

Registrant information

Name _____

Credentials _____

Facility _____

Address _____

City _____

State _____ Zip _____

Phone _____

Fax _____

Email (required for confirmation) _____

Registration fees

SICP Member\$105

SICP Non Member\$180

(2009 SICP Membership is included with the cost of a non-member registration)

Registration deadline

Registration deadline is April 3, 2009. Any registrations received after April 3rd will be accepted as space is available and will be assessed a \$25 late fee.

There are 40 spaces available; you must pre-register. There will not be on-site registration.

Cancellation policy

Cancellation notices received prior to April 3, 2009 will receive a full refund. Notices received after April 3rd but before April 15, 2009 will receive a refund minus a \$25 cancellation fee. Cancellations received after April 15th are subject to the cancellation policy at the discretion of SICP staff and will depend on wait-listed attendees.

Payment information

Check # _____ (payable to SICP)

Visa MasterCard

Card# _____ Exp _____

Name on Card _____

Signature _____

Please mail this form with payment to SICP headquarters:

Attn: SICP Review Course - Mission Health

Society of Invasive Cardiovascular Professionals

1500 Sunday Drive, Suite 102

Raleigh, NC 27607-5151

Or fax completed form with credit card information to:

(919) 787-4916

For more information

For more information, please visit www.sicp.com or contact SICP Headquarters at 919-861-4546 or membership@sicp.com

For schedule details and instructor information, please visit www.sicp.com.

For office use only

Customer # _____ Order # _____ Registrant # _____