

# ACOG CODING WORKSHOPS

## REGISTRATION FORM

**WORKSHOP SITE:** \_\_\_\_\_ **ACOG ID#:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_  
(First) (Last)

ACOG Fellow  ACOG Jr. Fellow  ACOG Educational Affiliate  Non-Member  Staff

**Staff Names (Limit 5 staff members per physician—all staff must be accompanied by the physician for days 1-3. Please provide individual email addresses for each staff registrant for contact purposes related to this registration and to obtain CME/CEU certificates following workshop attendance.)**

NAME		EMAIL
_____	_____	_____
<small>(First)</small>	<small>(Last)</small>	<small>Email address</small>
_____	_____	_____
<small>(First)</small>	<small>(Last)</small>	<small>Email address</small>
_____	_____	_____
<small>(First)</small>	<small>(Last)</small>	<small>Email address</small>
_____	_____	_____
<small>(First)</small>	<small>(Last)</small>	<small>Email address</small>
_____	_____	_____
<small>(First)</small>	<small>(Last)</small>	<small>Email address</small>

**\*Staff may attend alone ONLY if the physician has attended an ACOG coding workshop within the last 2 years. Please provide the following information:**  
 Physician Name \_\_\_\_\_ Site and Date of Attendance \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Daytime Phone ( )** \_\_\_\_\_ **Daytime Fax ( )** \_\_\_\_\_

Attendee Category	Days Attending (✓each module for which you are registering)			Number of Attendees	Fee Per Attendee	Subtotals
	Day I	Day II	Day III			
Fellow						
Junior Fellow / Educational Affiliate						
Non-Member						
1st Staff Attendee						
2nd Staff Attendee						
3rd Staff Attendee						
4th Staff Attendee						
5th Staff Attendee						
					<b>Total Fee</b>	

Check Enclosed  Credit Card: Visa  OR MasterCard  OR American Express

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVN #: \_\_\_\_\_

Signature: \_\_\_\_\_

**Registration may be made by mail, fax, or online ([www.acog.org/Education\\_and\\_Events](http://www.acog.org/Education_and_Events)).**

**Register by Fax:** Fax registration form to (202) 488-0787, Attention ACOG Registrar.

**Register by Mail:** Mail registration form to: ACOG Registrar, 409 12th Street, SW, P.O. Box 96920, Washington, DC 20090-6920.

Telephone registrations are not accepted. Space in a workshop is not reserved until payment is processed. Paying by credit card will expedite registration. If paying by check, you must submit the registration form and check together. You are urged to use some form of traceable mail (e.g., registered mail, Federal Express). We are not responsible for checks lost in the mail.

**For more information on registering for the workshops, please contact the ACOG Registrar at (800) 673-8444, extension 2540/2541.**