AMERICAN COLLEGE of RHEUMATOLOGY
Empowering Rheumatology Professionals

Empowering rheumatology professionals to excel in their specialty

2200 Lake Boulevard NE, Atlanta, GA 30319
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ACR CRHC Workshops

Registrant Information *(please print clearly)*

Last Name ___________________________ First Name ___________________________ Middle Initial ____ Degree(s) ________________

Institution ____

Address ____

City ______________________________________State/Province _______ Zip/Postal Code ________________ Country ________________

Telephone: _______________________ Fax: ______________________ E-mail:____

Fees	Member	Nonmember
All Day Overview Workshop:	$450	$499

All attendees are encouraged to bring their coding manuals (i.e., CPT, HCPCS, ICD-10)

Meeting Location *(please print clearly)*

Date	City	State

Payment Information *(please print clearly)*

☐ Please Charge $___________ to the following card:

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☐ Enclosed is a check for $_________________ made payable to the American College of Rheumatology in U.S. funds only. **Registrant's name should appear on check or separate form with member ID for multiple attendees.**

Upon receipt of this form, we will send confirmation of your registration along with review course manual and required materials for the course.

Cancellation Policy

Refund requests must be made in writing 2 business days prior to your registered class/exam. Requests received after that time will not be honored. Refunds are subject to a $25 processing fee.

Must have registration and payment at least 21 days prior to class/exam to:
American College of Rheumatology; P.O. Box 1022950; Atlanta, GA 30368-9990;
Or fax to (404) 633-1870 (credit card payments only)