



The Society of Invasive
Cardiovascular Professionals

RCIS Review Course

February 7, 2009

High Point Regional Health System
High Point, NC

The Society of Invasive Cardiovascular Professionals will present a one-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.....9:00 am - 4:00 pm
For complete schedule details and instructor information, please visit www.sicp.com

The Review Course fee for members is \$85 and \$150 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\$85
 SICP Non Member\$150
 (2009 SICP Membership is included with the cost of a non-member registration)

Registration deadline

Registration deadline is January 9, 2009. Any registrations received after January 9th will be accepted as space is available and will be assessed a \$25 late fee.

There are 20 spaces available; you must pre-register. There will not be on-site registration.

Cancellation policy

Cancellation notices received prior to January 9, 2009 will receive a full refund. Notices received after January 9, 2009 but before January 28, 2009 will receive a refund minus a \$25 cancellation fee. Cancellations received after January 28th 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: High Point SICP Review Course
 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 # _____



Help us provide
exceptional health services

to the people of our region. **GIVE LIFE, HEALTH & HOPE**

