



SOCIETY OF
CARDIOVASCULAR
COMPUTED TOMOGRAPHY

Yes, I want to join SCCT for only \$50.00 USD

*Please note: This offer is only available onsite to attendees of the **SCCT Latin America IRC 2019***

Name _____ Phone Number _____

Professional Degrees (MD, DO, RN, PHD, etc.) _____ Job Title _____

Business Name _____

Address _____

City _____ State _____ Postal Code _____

Country _____ Email _____

Primary Specialty: (select one)

- General Clinical Cardiology
- Interventional Cardiology
- Radiologist and Cardiac CTA
- Echocardiography/General Cardiology

- Cardiovascular CT
- Pediatric Cardiology
- Nuclear Medicine - Cardiology
- Radiology
- Other _____

Professional Environment:

- Private
- Academic
- Industry

Percentage of Time Spent on Cardiac CT

- 25%
- 50%
- 75%
- 100%

Payment Information:

- Check (USD), please make payable to SCCT
- Credit card information is as follows: Visa MasterCard American Express Discover

Card # _____

Expiration Date _____ CVV Code _____

Billing Address _____

City _____ State/Province _____ Postal Code _____

Country _____ Signature _____

Total \$ _____

Date _____