

Program Listing Application for the 2004 Website Directory

- To be listed in the 2004 Website Program Directory, please complete this **two-page** form and return it to the National Office along with **credit card information or a check payable to AACVPR** for the appropriate fee.
- The Website Directory will be posted in February of 2004 and will be active until February of 2005.

FEES

The fee to list your program on the 2004 Web Directory is \$80 for programs that include an AACVPR member(s) and \$160 for non-member programs. To qualify for the member fee, only one person in your program needs to be a current member of AACVPR. *Please remember that having your program listed on the Web Directory is not equivalent to membership in the AACVPR.*

Check One:

- Our staff includes an AACVPR member. Listed below is the name of a current member from our program. **Enclosed is the \$80 fee for programs that include an AACVPR member.**

Member Name: _____
 (AACVPR membership is on an individual basis, not by program or institution.)

- Our program does not include any AACVPR members. **Enclosed is the \$160 non-member program fee.**

Program Listing:

Programs wishing to be included on the Web Directory are required to complete the following information, regardless of whether or not the program was listed in a previous publication. Incomplete forms will be returned. **Please type or print legibly.**

Institution _____

Name of Program _____

Address _____

City _____

Zip Code/Postal Code _____ Country _____

AACVPR Office Use Only

Amount Received \$80 \$160 Date Received _____

Comments: _____

Cardiovascular Program

Tel: () _____ Fax: () _____

Email: _____ Web site address: _____

Is this program certified by AACVPR? Yes No

Type of Program: Inpatient Outpatient

Location: Hospital-based Free-standing Home-based

Cardiovascular Program Director's Name: _____

Cardiovascular Medical Director's Name: _____

Only one person per position will be included on the Web Directory. If more than one person is listed on each line, only the first person listed will be included on the Web Directory. Please provide first name, last name, and no more than two degrees.

Pulmonary Program

Tel: () _____ Fax: () _____

Email: _____ Web Site address: _____

Is this program certified by the AACVPR? Yes No

Type of Program: Inpatient Outpatient

Location: Hospital-based Free-standing

Pulmonary Program Director's Name: _____

Pulmonary Medical Director's Name: _____

Only one person per position will be included on the Web Directory. If more than one person is listed on each line, only the first person listed will be included on the Web Directory. Please provide first name, last name, and no more than two degrees.

Payment Information

Check (please include form with payment and mail to National Office)

Credit Card: Visa/Mastercard/American Express

Credit Card Number: _____ Expiration Date: _____

Name as it appears on card: _____ Signature (if faxing): _____

Submission

Please return this completed form with your credit card information to aacvpr@smithbucklin.com or by fax to 312-527-6635. If purchasing by check (payable to AACVPR), please send to the address below.

Please note: This application is to include your program on the AACVPR Website Program Directory until February 2005. If you have already paid to have your program in the printed AACVPR Program Directory, your program will automatically appear on the website. This form is for programs that missed the printed directory listing deadline or that wish to only be listed in the web site directory.

AACVPR - 401 N. Michigan Ave., Suite 2200 - Chicago, IL 60611

Please keep one copy of this completed form for your records