Review & Assessment

MULTIPROFESSIONAL CRITICAL CARE ADULT

Society of Critical Care Medicine
The Intensive Care Professionals

Choose from four easy ways to register:

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1. **Online:** sccm.org/mccrca 2. **Phone:** +1 847 827-6888 3. **Fax:** +1 847 439-7226 4. **Mail:** SCCM, 35083 Eagle Way, Chicago, IL 60678-1350, USA

Please type or print clearly and keep a copy of this form for your records.

*Email _____ SCCM Customer ID _____

First Name _____ Middle Initial _____ Last Name (Surname) _____

Degrees/Credentials (e.g., ACNP, MD, PharmD, RN, RRT) _____

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City _____ State _____ Zip/Postal Code _____

Phone _____ ❍ Home ❍ Office ❍ Cell/Mobile

Organization _____

Emergency Contact Name _____ Emergency Contact Phone _____

Dietary Requirements: ❍ *Gluten Free* ❍ *Vegan* ❍ *Vegetarian* ❍ *Food Allergies* _____

If you require any special assistance related to a disability or other needs, please contact Society of Critical Care Medicine (SCCM) Customer Service at support@sccm.org or +1 847 827-6888, Monday through Friday between 8:00 a.m. and 5:00 p.m. Central Time, to discuss specific requirements.

By registering for this activity, you consent to receiving communications from SCCM and event sponsors, when applicable. You may update your communication preferences in your profile.

Multiprofessional Critical Care Review: Adult

July 23-25, 2025
SCCM Headquarters and Conference Center
500 Midway Drive
Mount Prospect, Illinois, USA

SCCM offers a **global pricing structure** as part of its equity commitment. To see your price, visit sccm.org/mccrca and log in. Learn more at sccm.org/pricing.

Pricing

Registration Category and Rate	
SCCM Member	
❍ Select Member - Physician	$1,640
❍ Select Member - Healthcare Professional	$1,353
❍ Professional Member - Physician	$1,743
❍ Professional Member - Healthcare Professional and Trainee**	$1,438
❍ Associate Member - Physician	$1,948
❍ Associate Member - Healthcare Professional	$1,607
Nonmember	
❍ Physician	$2,050
❍ Healthcare Professional	$1,692
Total	**$**

**Trainees must be members of SCCM's Sponsored Trainee Program.

Payment Information: Payment must accompany registration form.
If credit card information is provided, please mail this form or fax to this secure number: +1 847 439-7226. *Emailing credit card information is not a secure method of transmission. SCCM is in compliance with PCI best practices. Any incomplete or missing information will delay registration.*

❍ **Check** *(Must be U.S. funds drawn on a U.S. bank.)* ❍ **Wire Transfer** *(Please contact SCCM Customer Service for wire transfer information.)*

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