Cardiac Neurodevelopmental Outcome Collaborative

INSTITUTIONAL MEMBERSHIP APPLICATION

PLEASE PRINT OR TYPE

Institution Name _____

Billing Address _____

City _____ State _____ Country _____ Zip/Postal Code _____

Billing Contact _____ Email _____

Title _____ Office phone _____

CNOC CLINICAL REGISTRY

Clinical Lead for CNOC _____ Email _____

Title _____ Office phone _____

Administrative Contact _____ Email _____

Title _____ Office phone _____

Data Entry / Collection _____ Email _____

Title _____ Office phone _____

**Email is required to receive future membership information. Please print clearly for successful email delivery.*

Annual Institutional Membership provides UNLIMITED AFFILIATED MEMBERSHIPS to your staff.

Attach an Affiliated Staff Application (page 3) for each staff member, or ask them to complete the application found at this link: https://www2.cardiacneuro.org/forms/aff_appl.iphtml.

MEMBERSHIP CATEGORIES

Your institution's total CNOC dues are based upon whether your institution participates in CNOC's Clinical Registry.

- ❑ **My institution participates in CNOC's Clinical Registry.**
  The annual CNOC dues total $8,000, which consists of $3,500 dues paid to CNOC, a $2,000 payment to the CNOC Data Coordinating Center at the University of Michigan, and a $2,500 payment to ArborMetrix, the host of CNOC's data reporting platform.
- ❑ **My institution does NOT participate in CNOC's Clinical Registry.**
  My CNOC dues total $5,500, paid to Cardiac Neurodevelopmental Outcome Collaborative (CNOC).

PLEASE NOTE: So that your Member Institution can be featured properly, please forward to **cnoc@cardiacneuro.org** a vectored eps logo for your institution or specific program and the link to the program you wish to highlight.

SEE PAGE TWO FOR PAYMENT OPTIONS.

CARDIAC NEURODEVELOPMENTAL OUTCOME COLLABORATIVE
2209 Dickens Road • Richmond, VA 23230-2005 • (804) 565-6397 • Fax (804) 282-0090
sarabeth@cardiacneuro.org • www.cardiacneuro.org

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INSTITUTIONAL MEMBERSHIP APPLICATION

DUES PAYMENT OPTIONS

- ❑ Payment by check or money order payable in US funds to **CNOC**. If paying by check, you MUST include a copy of this application with your payment.
- ❑ Payment by wire. For international institutions outside of the United States, please email our office for wiring instructions.
- ❑ Payment by credit card.

  ❒ AmEx ❒ Mastercard ❒ Visa ❒ Discover

Name on Card: _____

Expiration Date: _____ Card Number: _____ CVV Security Code*: _____

Signature: _____ Date: _____

**CVV code is the three-digit number on the back of VISA, MC or Discover or four-digit number on the front of AMEX card above the account number.*

If you do not receive a confirmation e-mail from the CNOC office within seven days of submitting your membership application, please call the office to confirm that the documents have been received.

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AFFILIATED STAFF APPLICATION

Return this completed form with the Institutional Membership Application.

PLEASE PRINT OR TYPE

I am: ❑ Male ❑ Female

Last Name _____ First Name _____ MI _____ Degree _____

Position at Institution _____

Institution _____

Office Phone _____ Fax _____

E-Mail* _____ Year of Birth _____

Mailing Address _____

City _____ State _____ Country _____ Zip/Postal Code _____

Home Phone _____ Mobile Phone _____

**** Email is required to receive future society information. Please print clearly for successful email delivery.***

Please indicate your specialty (you must choose at least one):

❑ Adult Congenital Cardiologist
❑ Anesthesiologist
❑ Cardiac Surgeon
❑ Child Life
❑ Clinical Psychologist
❑ Developmental Pediatrician
❑ Educational Liaison
❑ Intensivist
❑ Neonatologist
❑ Neurologist
❑ Neuropsychologist
❑ Neuroradiologist
❑ Nurse
❑ Nurse, Advanced Practice
❑ Patient/Caregiver
❑ Pediatric Cardiologist
❑ Physician, other
❑ Psychiatrist
❑ Researcher
❑ Social Worker
❑ Therapist: Occupational
❑ Therapist: Physical
❑ Therapist: Speech
❑ Other _____

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