

ENROLLMENT FOR EXISTING PARTICIPANTS

The form below is required before activation of a new registry.

- Contact Information Sheet (to designate the Registry Site Manager)

Please email the completed Contact Information Sheet to ncdr@acc.org.

Please indicate (by check box) the registry(ies) to be enrolled.

An invoice with payment instructions will be returned.

CONTACT INFORMATION SHEET

STEP 1: Please provide the **hospital information** requested below.

Note: Health systems must complete one form (Steps 1-2) for each hospital enrolling.

Health System (if applicable):
Hospital's legal entity name:
Hospital Physical Address (no PO boxes) Including City and Zip Code:

If you are an existing NCDR Participant, please enter your **NCDR ACC ID** (Participant ID) here

STEP 2: Please provide contact details for the designated **REGISTRY SITE MANAGER (RSM)** for each registry you are enrolling in.

Please note the following:

- Each of the sections below allows for the designation of **one RSM per registry** enrollment.
- An individual may serve as the RSM for more than one registry, but **only one RSM may be assigned to a registry.**
- Enter the contact information for each designated RSM. All fields are required.
- If your site is enrolling in more than 1 registry at this time, please duplicate this page.

☐ AFib Ablation Registry™
 ☐ CathPCI Registry®
 ☐ Chest Pain - MI Registry™
☐ CV ASC Registry Suite™
 ☐ EP Device Implant Registry™
 ☐ IMPACT Registry®
 ☐ LAAO Registry™

RSM's Name:	RSM's Title:
RSM's Email Address:	NCDR existing username (if applicable):
RSM's Telephone:	RSM's Cell:
RSM's Physical Address:	