



The
Academy
NEWSLETTER

THE AMERICAN ACADEMY
OF
CARDIOVASCULAR PERFUSION
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WINTER 2016

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Pragmatist or Ideologist?

Recently I read an article in the *Wall Street Journal* that claimed that our new President-Elect was too much of a pragmatist to assemble a cabinet that could move the country forward in an effective way. The article stated that he lacked the ideology to be visionary. History will be the judge of that. But, this distinction between pragmatism and ideology gave me pause and made me think about my own approach to our upcoming meeting and my upcoming Wharton Memorial Lecture. I think that perfusionists' by nature, me included, are pragmatic. We have to be, we are all about getting the job done, every day. But I hope on the continuum of pragmatism to ideologue that I am at least one standard deviation to the right. I believe that any perfusion meeting, whether it is a local or a national meeting, should include the following elements: It should be fun, it should be informative and the participants should leave with both a vision of the future and a renewed sense of enthusiasm or commitment to their patients and to their profession. Very soon you will get to be the judge of whether or not this year's meeting has met those goals for you.

But my sense is that our upcoming meeting in January will meet or exceed those expectations. Our Pediatric Shakespearean Debate should be both entertaining and informative. The Academy is truly blessed to have so many renowned pediatric perfusionists and we have tapped six of the AACP's best to debate the issues. Issues that, I believe we can all learn from. Our panel on case reports may not be as entertaining, but I know that we will all learn some valuable lessons. And finally our panel on the Future Trends in Cardiac Surgery, I believe is excellent. Dr Tsuyoshi Kaneko performs both catheter based procedures as well as open procedures. He and Dr. Nelson Thaemert have been performing catheter based procedures since the very beginning and in fact were part of the early TAVR trials. I feel that we are privileged to have them come to our meeting and share their perspective and experience. Finally, just as we were going to print with this newsletter Denise Steinbring (Senior Director of Marketing for Medtronic) has agreed to join us on this panel. Denise as part of her role with Medtronic has a clear vision of where we will be in five years and I think her insight will be invaluable. Thank you Denise!

In the last newsletter David choose to reprint Past President Jim Mac Donald's 1993 Wharton Lecture. In that lecture Jim talks about the Academy members' commitment and responsibility both to our patients and to each other. He speaks to the characteristics that determine a true perfusion professional. Fast forward to 2017, this Academy is blessed with an outsized number of committed perfusion

2017 Annual Academy Meeting

San Diego, California
January 19-22, 2017

Thursday, January 19, 2017

8:00 AM - 12:00 PM	Special Breakout Sessions
9:00 AM – 1:00 PM	Council Meeting
10:00 AM – 3:00 PM	REGISTRATION
2:30 PM – 4:30 PM	Fireside Chats (Session #1) <i>ECMO</i> <i>Heater-Coolers: How Do I Get Rid Of The Sea Monkeys</i> <i>Hero To Hazard, Closing The Gap</i> <i>Perfusion Accidents</i> <i>Students Only Forum</i>
4:30 PM – 5:30 PM	REGISTRATION
5:00 PM	Opening Business Meeting <i>Fellow, Member, Senior and Honorary Members</i>
5:30 PM – 8:00 PM	Sponsor's Hands-On Workshop & Reception <i>All Attendees and Guests</i>

Friday, January 20, 2017

7:00 AM	REGISTRATION
7:00 AM - 7:45 AM	Historical Presentations: Session #1
7:45 AM – 9:30 AM	Scientific Paper Session
9:30 AM – 10:00 AM	Break
10:00 AM – 11:30 PM	Special Scientific Session (Panel) <i>Perfusion Near Misses and Misadventures</i> Pediatric Misadventure; James Beavers, CCP Cannulation Misadventure; Kevin Lilly, CCP Adult Congenital Case; Daniel FitzGerald, CCP Case Report; James Beck, CCP
11:30 PM – 1:00 PM	Lunch
1:00 PM – 3:30 PM	Special Scientific Session (Panel) <i>Shakespearean Debate of Pediatric Perfusion</i> 1) "To MUF or Not To MUF, That is the Question" (Pro: Tami Rosenthal, Con: Kevin Charette) 2) "Beware, The Ides of Bloodless Neonatal CPB, Should It Be Done?" (Pro: Ashley Hodge, Con: Carmen Giacomuzzi) 3) "NIRS, NIRS! Wherefore Art Thou NIRS?" (Pro: Joseph Deptula, Con: Richard Melchior)
3:30 PM – 5:30 PM	Fireside Chats (Session #2) <i>Best Practices / Evidence-Based Perfusion / Goal-Directed Perfusion</i> <i>Chief Perfusionist Forum</i> <i>EMRs / Databases / Registries</i> <i>Pediatrics</i> <i>Transporting VADs and ECMOs</i>

6:30 PM

Induction Dinner

*All Attendees and Guests**(Dark Suit and Tie Required, Black Tie Optional)***Saturday, January 21, 2017**

7:00 AM

REGISTRATION

7:00 AM - 7:45 AM

Historical Presentations: Session #2

7:45 AM - 9:30 AM

Scientific Paper Session

9:30 AM - 10:00 AM

Break

10:00 AM - 11:30 AM

Memorial Session

*Charles C. Reed Memorial Lecture**Kevin Grace, CCP**Thomas G. Wharton Memorial Lecture**Kevin Lilly, CCP, President, AACP*

11:30 AM - 1:00 PM

Lunch

1:00 PM - 3:30 PM

Special Scientific Session (Panel)

Future Trends in Cardiac Surgery

Tsuyoshi Kaneko MD

Assistant Professor of Surgery, Harvard Medical School

Department of Adult Cardiac Surgery

Brigham & Women's Hospital, Boston, MA

Nelson Thaemert MD

Instructor of Anesthesia, Harvard Medical School

Department of Adult Cardiac Surgery

Brigham & Women's Hospital, Boston, MA

Denise Steinbring

Senior Director of Marketing

Medtronic

3:30 PM - 5:30 PM

Fireside Chats (Session #3)

*ECMO**Emergencies and Accidents**HIPEC, HILP, ILI, the Chemoperfusion Alphabet**Transplants, Harvests, ExVIVO**Ventricular Assist Devices*

5:30PM

Closing Business Meeting

*Fellow, Senior and Honorary Members Only***Sunday, January 22, 2017**

7:00 AM - 8:00 AM

Historical Presentations: Session #3

8:00 AM - 10:00 AM

Scientific Paper Session

10:30 AM - 12:30 PM

Fireside Chats (Session #4)

*Mission Trips, Duct Tape And Cipro**Potpourri For \$1000 Alex*

Papers To Be Presented At The 2017 Conference

Friday, January 20, 2017

07:45 – 09:30 AM

CLINICAL EFFECTS OF ULTRAFILTRATION ON CIRCULATING HEPARIN DURING
CARDIOPULMONARY BYPASS

Shannon Quinn,

THE EFFECT OF ULTRAFILTRATION ON END-CARDIOPULMONARY BYPASS HEMATOCRIT DURING
CARDIAC SURGERY

Linda B. Mongero

HEMOLYSIS GENERATION FROM A NOVEL, LINEAR POSITIVE DISPLACEMENT BLOOD PUMP FOR
CARDIOPULMONARY BYPASS ON A SIX KILOGRAM PIGLET: A PRELIMINARY REPORT

D. Scott Lawson

TRANSCATHETER AORTIC VALVE REPLACEMENT PREPAREDNESS: A CASE STUDY

David Moore

HIGH FIDELITY SIMULATION CROSS TEAM TRAINING FOR THE PERFUSION STUDENT AND THE
CARDIAC RESIDENT USING CADAVERS AND A PIG HEART HD SIMULATOR

Richard Chan

TECHNIQUE FOR AIR EMBOLISM SIMULATION WITH RETROGRADE CEREBRAL PERFUSION

Joseph J. Sistino

Saturday, January 21, 2017

07:45 – 09:30 AM

RESULTS OF A MODIFIED DEL NIDO TECHNIQUE USING MORE BLOOD

Sophat Del

EFFECTS OF TEMPERATURE LEVELS FOR CARDIOPLEGIA ON OUTCOMES OF CARDIAC PATIENTS

Rizelle Ng

THE EFFECTIVENESS OF ACUTE NORMOVOLEMIC HEMODILUTION AND AUTOLOGOUS PRIME ON
INTRAOPERATIVE BLOOD MANAGEMENT DURING CARDIAC SURGERY

Alfred Stammers

USING NEAR-INFRARED REFLECTANCE SPECTROSCOPY (NIRS) TO ASSESS DISTAL LIMB
PERFUSION ON VENOARTERIAL EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) PATIENTS

James Beck

CONVERSION FROM VENO-ARTERIAL TO VENO-ARTERIALVENOUS EXTRACORPOREAL MEMBRANE
OXYGENATION IN A CARDIOGENIC SHOCK PATIENT WITH NEAR-INFRARED REFLECTANCE
SPECTROSCOPY MONITORING, A CASE REPORT

Christine Chan

COMPREHENSIVE BLOOD CONSERVATION PROGRAM IN A NEW CONGENITAL CARDIAC SURGICAL PROGRAM ALLOWS BLOODLESS SURGERY FOR JEHOVAH WITNESS AND REDUCTION FOR ALL PATIENTS

Vincent Olshove

Sunday, January 22, 2017
08:00 – 10:00 AM

A REVIEW OF EXTRACORPOREAL MEMBRANE OXYGENATION CANNULATION STRATEGIES: THE COLUMBIA EXPERIENCE

Christine Chan

RELATIONSHIP BETWEEN LOW CARDIAC FLOWS ON CARDIOPULMONARY BYPASS AND ACUTE KIDNEY INJURY IN MITRAL VALVE REPAIR CASES

Rebecca Ko

DORV, PA, RAA, SINGLE RCA, ECMO HEART TRANSPLANT

Chris Meador

AN UNUSUAL EVENT WITH VACUUM ASSIST VENOUS DRAINAGE

Ryan Kar

REVIEW OF LACTATE PHYSIOLOGY: THE POTENTIAL BENEFITS FOR HEART SURGERY

Clifton Marschel

LEFT VENTRICULAR ASSIST DEVICE PUMP THROMBOSIS: A VICIOUS CYCLE OF CASCADING RISK FACTORS

Kali J. Towner



**Annual Meeting
Pre-Registration
Deadline
December 21, 2016**

The Student Section

AWARENESS OF SUDDEN CARDIAC DEATH IN YOUTH ATHLETES

In the fall of 1961, minutes after competing in a two-mile cross country race, a 14-year-old student was found dead. The student was in great health and ran up to five miles each day. An autopsy revealed that the young athlete had hypertrophy of the left ventricle due to the left coronary artery being encased between the aorta and the pulmonary artery. This anomaly, the number one cause of sudden cardiac death in young athletes, had reduced the blood flow to the left ventricle and caused the student to go into sudden cardiac arrest.

Sudden cardiac death is defined as a natural death resulting from sudden cardiac arrest occurring unexpectedly within six hours of a previously witnessed normal state of health. Most sudden cardiac deaths occur because of the following cardiovascular abnormalities:

Hypertrophic Cardiomyopathy is a disease of the cardiac muscle characterized by a hypertrophied, nondilated left ventricle in the absence of another cardiac or systemic disease that may produce left ventricular hypertrophy. The condition is usually genetic. The heart's weight with hypertrophy is between 420 g and 530 g, and wall thickness is 16-23 mm. Hypertrophic cardiomyopathy accounts for 35-50% of all sudden cardiac deaths in youth athletes.

Congenital Coronary Artery Anomaly is an anomalous origin of the left main coronary artery from the anterior sinus of Valsalva. The artery bends at an acute angle between the pulmonary trunk and the anterior aspect of the aorta or the right coronary artery arising from the left si-

nus of Valsalva, and it courses between the aorta and the pulmonary trunk. This anomaly accounts for 12-20% of all sudden cardiac deaths in youth athletes.

Arrhythmogenic Ventricular Cardiomyopathy is an inherited myocardial disease that mostly affects the right ventricle. The condition is characterized by the death of myocardial cells with subsequent fibrofatty replacement.

Marfan Syndrome is an autosomal dominant genetic disease characterized by the progressive dilation of the aortic root or descending aorta, which can cause dissection and rupture of the aorta. Patients with Marfan syndrome present with skeletal abnormalities such as an arm span-height ratio >1.05 , hyperextensibility and ligamentous laxity, scoliosis, and chest wall deformities. The prevalence of Marfan syndrome is about 1 in 5000-7000 people.

Myocarditis is an inflammatory disease associated with myocyte degeneration and necrosis of nonischemic origin. The most common cause of myocarditis is a viral infection (e.g., Coxsackie B virus infection). Symptoms may include dyspnea, fatigue, exercise intolerance, palpitations, and syncope. Myocarditis accounts for 3-7% of sudden cardiac death in youth athletes.

Wolff-Parkinson-White (WPW) Syndrome is a disorder characterized by an accessory pathway that can cause a sudden attack of ar-

Coresa Poole, BA

Texas Heart Institute
School of Cardiovascular
Perfusion

Houston, Texas



rhythmia in patients with ventricular pre-excitation. Patients with multiple pathways may have ventricular rates of ≥ 240 beats per minute, and can experience palpitations or syncope. WPW accounts for 1% of sudden cardiac deaths in youth athletes.

Congenital Long QT Syndrome (LQTS) includes several inherited disorders caused by cardiac ion channel mutations, which produce prolonged ventricular repolarization and ultimately cause ventricular tachycardia. Patients may present with symptoms such as palpitations, syncope, seizure, cardiac arrest, or sudden cardiac death. This group of disorders accounts for 0.5-8% of sudden cardiac deaths in young athletes.

Commotio Cordis is a primary arrhythmic event that occurs when energy generated by a blow to the chest is confined to a small area at or near the center of the cardiac silhouette. The blow profoundly alters the electrical stability of the myocardium, resulting in ventricular fibrillation. The timing of this blow must occur within a narrow window of 10-20 ms on the upstroke of the T wave just before it peaks.

There are two different sets of testing recommendations for student athletes. The American Heart Association (AHA) recommendations include a 12-element complete history and a physical examination (with blood pressure measurement) every two years. Because of the cost, AHA recommends a 12-lead electrocardiogram (ECG) only if abnormalities are detected in the prescreening. The European Society of Cardiology (ESC) recommends a 12-element, complete history questionnaire similar to the AHA history, but the ESC questionnaire includes more detailed questions. In addition, the ESC recommendations include a physical examination that requires an annual 12-lead ECG. After the addition of a 12-lead ECG to student athletes' prescreening in Europe, the incidence of sudden cardiac death in young athletes (12-35 years old) decreased from 3.6 deaths per 100 000 persons per year in 1979-1981 to 0.4 deaths per 100 000 persons per year in 2003-2004, an 89% drop in deaths per year due to sudden cardiac death. When a football coach was asked how he would feel if the AHA added a 12-lead ECG to the students' physical exam, he replied, "I think anything that increases the chance of catching athletes who

are prone to having sudden cardiac arrest before it's too late is something that needs to happen ASAP."

Prescreening is our best way to prevent sudden cardiac death. Cardiovascular diseases such as hypertrophic cardiomyopathy, arrhythmogenic ventricular cardiomyopathy, myocarditis, WPW syndrome, and congenital LQTS can all be detected with a 12-lead ECG. In the United States, there are approximately 10 million high school and middle school athletes. Out of these 10 million athletes, about 9000 students would be expected to have an abnormal ECG representing a cardiovascular disease, and 900 of those students would probably have an increased risk for sudden cardiac death. For \$50, a student can undergo seven different cardiovascular screenings: peripheral artery disease screening, ultrasonography for abdominal aortic aneurysm, stroke screening, carotid artery ultrasound, 12-lead ECG, body mass index measurement, and blood pressure measurement. These tests play a crucial role in preventing sudden cardiac death in youth athletes. Even if testing is not required, raising awareness about these anomalies in the community gives parents the opportunity to pursue an ECG test along with the students' physical exam. Although most sudden cardiac deaths are not preceded by signs or symptoms, some victims of sudden cardiac death have shortness of breath, seizures, syncope, dyspnea, fatigue, exercise intolerance, and palpitations before the onset of cardiac arrest. If students are aware of the warning signs, they are more likely to recognize the signs in themselves or their classmates.

In the United States, approximately 40 000 children are born each year with a type of congenital heart disease. Once a student athlete is in cardiac arrest, he or she has only an 8% chance of being resuscitated. Spreading awareness among students and in the community can help encourage parents to seek further testing for their children. After the sudden death of Camron Matthews, a young athlete from my hometown, I can personally say that the death of a youth athlete can be devastating to not only the family, but to the community as well. To prevent the death of young athletes, sudden cardiac death prevention and screening are imperative.

REFERENCES

- Halabchi, Farzin, Tohid Seif-Barghi, and Reza Mazaheri. "Sudden Cardiac Death in Young Athletes; a literature Review and Special Considerations in Aisa." *Asian Journal of Sports Medicine* 2, no. 2 (March 2011): 1-

All About our Corporate Partners

Medtronic's Commitment to Patient Safety

A financial grant from Medtronic is marking the company's commitment to patient and caregiver safety.

The NPSF Lucian Leape Institute – the National Patient Safety Foundation's think tank recently announced a \$1 million grant from Medtronic. Leaders within NPSF believe the grant will help the Institute play a pivotal role within healthcare as they develop strategies to bring lasting improvements to patient and caregiver safety.

"We are extremely pleased that Medtronic has chosen to so generously support the Institute's work," said Tejal K. Gandhi, MD, MPH, CPPS, president and chief executive officer of NPSF and of the Institute. "This grant will be enormously helpful in ensuring that the Institute can continue its mission of providing the strategic vision for improving patient safety."

Medtronic is the inaugural funder of the National Patient Safety Foundation's Lucien Leape Institute. Read more here: <http://www.medtronic.com/us-en/about/news/patient-safety-grant.html>

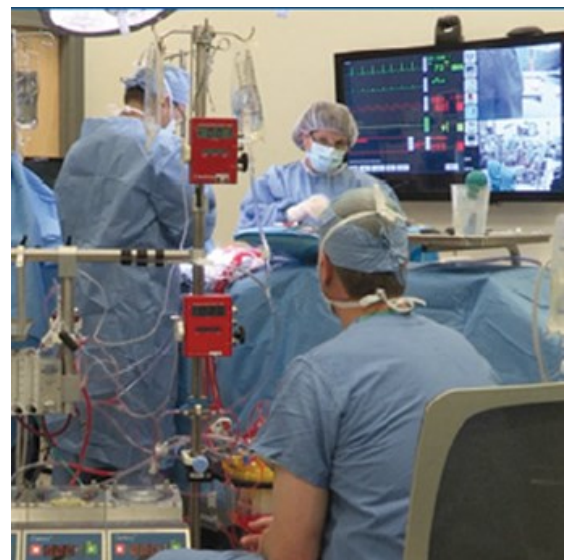
Immersive Patient Safety Team Training

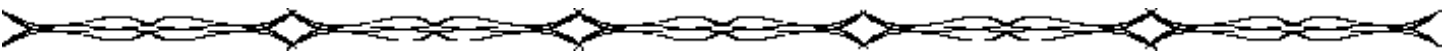
In addition to the grant, Medtronic is launching a **Immersive Patient Safety Team Training** course. In this customized, multidisciplinary approach to patient safety, an OR team will work together in a classroom, discussion circle, and high-fidelity simulated OR environment. Skilled faculty tailors content to individual teams' needs so time is spent efficiently. Together, teams explore the factors surrounding a crisis event, uncover communication and behavior patterns within the team, and learn new approaches to mitigate risk while strengthening team focus, cohesion and job satisfaction. For information on attending this class, contact analisa.wirth@medtronic.com

Participants should include the:

Cardiac Surgeon
Anesthesiologist
Perfusionist

And ideally the:
Resident
Physician Assistant
Nurses





The comprehensive course includes the following areas of focus:

Learning through simulation – practice how to handle a variety of adverse events in a realistic virtual cardiac operating room, and learn how to problem solve together while building your own “body memory” to inform your crisis response when you return to your OR setting

Human factors and team building – because communication failures are the most common root cause of errors and adverse outcomes¹, learn how to effectively communicate, problem solve, promote teamwork, and harness the skills of your entire team

Patient safety and team safety skill building – ensure members are practicing according to society guidelines and correctly following OR safety procedures

Process improvement – discover a proven method for problem solving, as well as tools for tackling process challenges within your own OR

Medical malpractice considerations – learn how patient safety training can reduce the likelihood of litigation, and the how you can show empathy and transparency without subjecting teams or the hospital to risk

1. Wahr J, et al: Patient Safety in the Cardiac Operating Room: Human Factors and Teamwork, A Scientific Statement from the American Heart Association; Circulation 2013;128: 1139-1169

THE ACADEMY TO OFFER LIVE WEBCAST

The American Academy of Cardiovascular Perfusion will again be offering a live webcast of our 2017 Annual Meeting in San Diego.

The General Sessions of the meeting will be broadcast in high quality streaming video. There will also be an opportunity for attendees to ask questions, thus qualifying for Category I CEUs from the American Board of Cardiovascular Perfusion.

Important Academy Dates

The ACADEMY ANNUAL MEETING DEADLINES

ABSTRACT DEADLINE	October 15, 2016
MEMBERSHIP DEADLINE	November 19, 2016
PRE-REGISTRATION	December 21, 2016
HOTEL REGISTRATION	December 26, 2016
2017 ANNUAL MEETING	January 19-22, 2017

Others Meetings

17th European Congress on Extracorporeal Circulation Technology
Marseille, France
June 14-17, 2017
Website: www.fecect.org/invitation

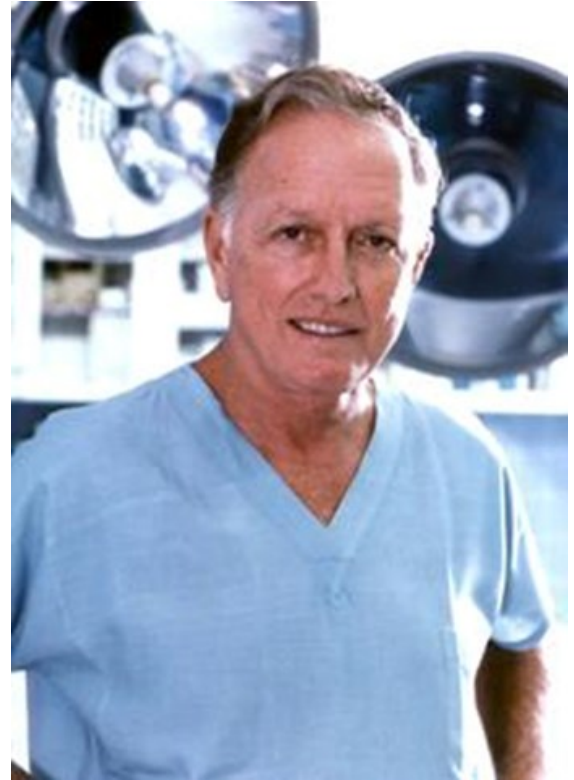
In Memorium

Denton A. Cooley, M.D.

Denton A. Cooley, M.D. passed away on Friday, November 18, 2016, at the age of 96. Dr. Cooley was a legend as a cardiac surgeon, and a very dear friend to the perfusion community. Early on he recognized the need for trained perfusionists to operate the heart-lung machine, and in December 1971 formed the Texas Heart Institute School of Perfusion. Since that time he and his staff performed over 120,000 open-heart procedures, and provided the perfusion community with approximately 900 THI Perfusion Graduates.

He once told me that the level of achievement by the students at the Texas Heart Institute School of Perfusion reflects not only the number and diversity of cases, but also to the excellence in education, research, and patient care. He will be missed by his family, friends, patients, and Perfusionists around the world.

Terry Crane, Director
THI School of Perfusion



Continued from Page 7

15. Semsarian, Christopher, Jodie Ingles, and Arthur Wilde. "Sudden Cardiac Death in the Young: The Molecular Autopsy and a Practical Approach to Surviving Relatives." *European Heart Journal* 36 (2015): 1290-96.
 - Ackerman, Michael, Dianne L. Atkins, and John K. Triedman. "Sudden Cardiac Death in the Young." *Circulation* 133 (2016): 1006-26.
 - Greene, Elizabeth A., and Ann Punnoose. "Sports-Related Sudden Cardiac Injury or Death." *Adolescent Medicine: State of the Art Reviews* 26, no. 3 (2015): 507-27.
 - Jokl, Ernst, James T. McClellan, and Grant D. Ro. "Congenital Anomaly of Left Coronary Artery In Young Athlete." *JAMA* 182, no. 5 (November 3, 1962): 174-75.
 - Link, Mark S., and Mark Estes. "Sudden Cardiac Death in the Athlete Bringing the Gaps Between Evidence, Policy, and Practice." *Circulation* 125 (May 21, 2012): 2511-16.
 - Maron, Barry J., Stephen F. Epstein, and William C. Roberts. "Causes of Sudden Death in competitive Athletes." *JACC* 7, no. 1 (January 1986): 204-14.
 - Bland, Edward F., Paul D. White, and Joseph Garland. "Congenital Anomalies of the Coronary Arteries: Report of an Unusual Case Associated with Cardiac Hypertrophy." *Cardiac Clinical of the MAssachusetts General Hospital, Boston, Ma* (May 8, 1933): 787-801.
 - Thompson, Alex J., Bryan C. Cannon, Philip L. Wackel, Justin M. Horner, and Michael J. Ackerman. "Electrocardiographic Abnormalities in Elite High School Athletes: Comparison to Adolescent Hypertrophic Cardiomyopathy." *BMJ* 50 (2016): 105-10.
 - Matsumura, Koichiro, Hiroshi Matsumoto, Yoshihiro Hata, Takanao Ueyama, and Tatsuomi Kinoshita. "Anomalous Right Coronary Artery Arising from the Left sinus of Valsalva in a Young Athlete." *Internal Medicine* 55 (2016): 55-58.
- <http://www.beaumont.edu/heart/screenings-tests/heart-vascular-screening/>

2017 Annual Academy Meeting Host Hotel



The Westin San Diego Hotel San Diego, California

Single/Double Occupancy - \$209.00 per night
Reservations: 888-627-9033

Experience The Westin San Diego Hotel's 15 million dollar transformation, introducing the brand's new modern design. The hotel now has a distinctly upscale, contemporary feel, inspired by soothing elements of nature. With a complete revitalization of guestrooms, restaurant, lobby, public areas, meeting space, two new Legal War Rooms, Tangent and a new WestinWORKOUT® Fitness Studio, the newly refurbished urban retreat will transform every aspect of a stay into a revitalizing experience.



PRE-REGISTRATION FORM

The 2017 Annual Meeting of
The American Academy of Cardiovascular Perfusion



MEMBER	FEE	Amount	FIRESIDE CHAT REGISTRATION (make your first three choices each day)
Registration Fee	\$445.00	_____	Thursday Sessions 1) _____ 2) _____ 3) _____
2017 Annual Dues	\$155.00	_____	
Guest to Induction Dinner	\$100.00	_____	
Adult Guest to Workshop	\$25.00	_____	
NON-MEMBER	FEE	Amount	Friday Sessions 1) _____ 2) _____ 3) _____
Registration Fee	\$495.00	_____	
Guest to Induction Dinner	\$100.00	_____	
Adult Guest to Workshop	\$25.00	_____	Saturday Sessions 1) _____ 2) _____ 3) _____
STUDENT PERFUSIONIST	FEE	Amount	
Registration Fee	\$130.00*	Waived**	
Guest to Induction Dinner	\$100.00	_____	Sunday Sessions 1) _____ 2) _____ 3) _____
Adult Guest to Workshop	\$25.00	_____	
*MUST include a letter from the school director with registration.			
**To take advantage of the waived Student fee, you must be a current Student Member of The Academy.			
FELLOW or SENIOR MEMBER	FEE	Amount	
Registration Fee	\$445.00	_____	
2017 Annual Dues	\$180.00	_____	
Guest to Induction Dinner	\$100.00	_____	
Adult Guest to Workshop	\$25.00	_____	

PRINT OR TYPE

NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ FAX _____

E-MAIL ADDRESS _____ (Required for confirmation)

ANTICIPATED ARRIVAL DATE IN SAN DIEGO _____

Will you be attending the Induction Dinner on Friday evening? YES NO
(Dark Suit and Tie Required / Black Tie Optional)

Please read all instructions and information before completing this form.

If you have questions completing this form, please call the national office. Hotel Reservations must be made separately through the hotel directly.

Total Amount of Payment \$ _____ METHOD OF PAYMENT: Check** ___ Money Order ___ Credit Card ___

VISA/MasterCard # _____ Exp. Date _____ 3-digit security code _____

Credit card billing address if different from above.

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Signature _____

** There will be a \$25.00 service charge for any check returned for insufficient funds.

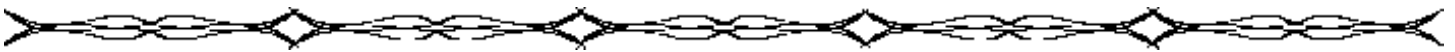
INSTRUCTIONS and INFORMATION

- o Complete each appropriate section of this form by printing or typing.
- o *All attendees are invited to the Induction Dinner on Friday evening. Attire is dark suit and tie required.*
- o Members must pay their 2017 Annual Dues along with their registration fees by completing that portion of the form.
- o You will receive acknowledgment of your pre-registration by January 5, 2017--bring it with you to the meeting.
- o No pre-registration will be processed after December 19, 2016.
 - **After this date you must register at the meeting.**
- o Your receipt and meeting credentials will be available for you at the Pre-Registration desk at the meeting.
- o There will be **NO ADMISSION to any Fireside Chat without proper admission credentials.**
- o If you are joining The Academy with your registration you must:
 - 1) complete appropriate areas of the form;
 - 2) you **MUST INCLUDE** the membership application form;
 - 3) include the \$25 filing fee;
 - 4) include \$155 for the 2017 Annual Dues;
 (Your membership begins with the closing business meeting)
- o ONLY VISA/MasterCard credit cards are accepted - with VISA/MasterCard you may FAX your registration to (717) 867-1485
- o The AACP Federal Tax ID Number: 63-0776991 (for hospital use only)
- o Refund policy: Anyone that is pre-registered for this meeting and is unable to attend will receive a full refund minus \$50.00 for handling, mailing, and processing upon written request before January 5, 2017.
- o **Make checks payable to AACP (US dollars). Mail completed pre-registration form and check to:**

AACP
515A East Main Street
Anncville, PA 17003

IF YOU HAVE QUESTIONS FILLING OUT THIS FORM, PLEASE CONTACT THE NATIONAL OFFICE (717) 867-1485.

- o If paying by VISA/MasterCard you may FAX this form to (717) 867-1485 or mail to above address.



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professionals like the clinicians that Jim described. Your dedication and commitment to our profession is breath taking. Perfusion as a career with the requisite long hours and the significant amounts of "on call" can be a hardship in itself. But our Academy colleagues who choose to go the extra mile to do research and support the AACP are extraordinary professionals. As we go to print with this December newsletter registrations for the meeting in San Diego are rolling in. I have to admit that I was surprised by how quickly the abstracts section of the meeting filled up. We only had room for about 16 abstracts and we met that number very quickly. My apologies to any of our colleagues, who like me, waited too long and did not get their paper accepted. The quality of the submitted papers is exceptional and I am looking forward to the presentation of these timely topics.

Finally, I would like to express my sincere gratitude to the meeting committee for all their hard work as well as to our Academy members (enclosed list) who once again volunteered to moderate a fireside chat. The Firesides are a signature part of our program. The success of the firesides is a simple function of the talented people who moderate them. There is a fair amount of work that goes into preparing for a two hour workshop. Thank you to all for your hard work on behalf of AACP.

Happy Holidays!

Kevin Lilly, CCP
 President, AACP