

Registration Form

Society for Vascular Medicine

21ST ANNUAL SCIENTIFIC SESSIONS, APRIL 28 – MAY 2, 2010
COMPREHENSIVE VASCULAR REVIEW (Board Review Course), APRIL 30 – MAY 2, 2010

Intercontinental Cleveland Hotel, Cleveland, OH, USA

Type or print clearly, or attach your business card.

First Name		Last Name	
Company/Institution/Organization			
Address			
City	State/Province	ZIP/Postal Code	Country
Work Phone		Work Fax	
E-mail			
Emergency Contact During Meeting (Name, Telephone Number)			

First-time Attendee

All fees are quoted in U.S. dollars.

Please **CIRCLE** the appropriate fees

On or Before March 18 After March 18 and Onsite

Full Meeting: Scientific Sessions and Comprehensive Vascular Review, April 28 – May 2, 2010

SVM Member	\$950	\$1,000
Nonmember	\$1,225	\$1,275
Nurse, Physician Assistant or Technologist	\$550	\$670
Student, SVM Associate Member, In-training	\$550	\$670

Comprehensive Vascular Review Only, April 30 – May 2

SVM Member	\$800	\$920
Nonmember	\$1,050	\$1,225
Nurse, Physician Assistant or Technologist	\$525	\$645
Student, SVM Associate Member, In-training	\$525	\$645

Scientific Sessions Only, April 28 – 30

SVM Member	\$350	\$400
Nonmember	\$600	\$650
Nurse, Physician Assistant or Technologist	\$225	\$275
Student, SVM Associate Member, In-training	\$225	\$275

Live Demonstration, Workshops Only, April 30 – Space is Limited (The workshops are included in the registration for the Scientific Sessions)

SVM Member	\$75	\$75
Nonmember	\$75	\$75
Nurse, Physician Assistant or Technologist	\$75	\$75
Student, SVM Associate Member, In-Training	\$75	\$75

Gala Event, April 30

Attendance at the Gala Event is included in all of the above registration fees. Please indicate:

Yes, I plan to attend. No, I do not plan to attend.

Guest for the Gala Event \$40 \$40

Guest's Name: _____

Total Registration Fees \$ _____

Payment (in U.S. dollars only)

Check enclosed payable to:

Society for Vascular Medicine

Visa MasterCard American Express

Discover Diners Club



If sending a check, complete this registration form and mail it with the appropriate fees to:

Society for Vascular Medicine
39435 Treasury Center
Chicago, IL 60694-9400 USA



Or fax to SVM with credit card payment information to +1-847-480-9282.

Wire transfers require an additional fee of \$15 US or \$30 international.

Total Registration Fee Enclosed: \$ _____

SVM Tax ID#34-1623552

Card Number _____ Expiration Date _____

Print Name As It Appears On the Card _____

Signature _____

Billing Address (if different than above) _____



Only onsite registrations will be accepted after April 15, 2010.

PROFESSIONAL DATA

Vascular Interests

(check all that apply)

- Clinical Vascular Medicine
- Vascular Surgery Radiology
- Vascular Research
- Vascular Laboratory
- Clinical Coagulation Laboratory
- Teaching
- Other _____

Vascular Practice

(check all that apply)

- Cardiologist
- Internal Medicine
- Interventionist
- Interventional Radiologist
- Research Scientist
- Vascular Surgeon
- Nurse
- Nurse Practitioner
- Physician Assistant
- Vascular Technologist

Primary work setting

(check one)

- Solo Practice
- Multi-specialty Group Practice
- Medical School or University
- Cardiovascular Practice Group
- Non-Government Hospital
- Government Hospital or Agency
- Other _____



Attach any special needs to your registration form.

Visit SVM's Web site at www.vascularmed.org to access up-to-date information and register online.

Questions? Call +1-847-480-2961 or e-mail info@vascularmed.org.

Telephone registrations cannot be accepted.

Cancellation Policy: Notification of cancellation must be submitted in writing to info@vascularmed.org. Cancellations received by April 15, 2010, will be subject to a \$100 cancellation charge. No refunds will be given after April 15, 2010. Substitutions are allowed at any time, but must be submitted in writing and must be of the same membership status.

Caution: If you submit your registration form more than once, it may result in a duplicate charge on your credit card. Send your registration using only one method of payment. Faxed registration forms that do not contain credit card information do not qualify as an early paid registration. No telephone registrations will be accepted.

After your registration form is processed, you will receive a confirmation letter via e-mail. Keep a copy of this form for your records.

Register online at www.vascularmed.org