Eastern Vascular Society Registration Form

REGISTER ONLINE at www.easternvascular.org

September 15-17, 2016

ATTENDEE INFORMATION *(please print)*

Name **Hospital/Affiliation**

Address **City**

State/Province **Country** **Postal Code**

Phone **Fax**

Email Address *(required for confirmation)*

Spouse/Guest If Attending

REGISTRATION FEES

ANNUAL MEETING	**BEFORE** *August 18*	**BEGINNING** *August 18*	**Amount**
Member	**$375**	**$425**	_____
Non-Member Physician	**$550**	**$600**	_____
Allied Health Professional / Other	**$225**	**$275**	_____
Resident *	**$50**	**$100**	_____

YOUNG SURGEONS PROGRAM (Saturday) **Will Attend?** **Yes** **No** ***Complimentary***

For medical students, general surgery residents, vascular residents and fellows

JOB FAIR *(Saturday afternoon)* **Will Attend?** **Yes** **No**

**** Must Provide a Signed Letter from Residency Director***

SPOUSE/GUEST **$100** _____

(Includes the Welcome Reception on Thursday evening and a Cocktail Reception on Friday evening)

TOTAL ENCLOSED **$**_____

☐ MasterCard ☐ VISA ☐ AMERICAN EXPRESS

Name (As it appears on Card) _____ **Security Code**: _____

(See card images above) **CREDIT CARD NUMBER:** _____

EXPIRATION DATE: ____ /_____

BILLING ADDRESS_____

(If not the same as address listed above)

SIGNATURE: _____

I authorize EVS to charge my credit card the above fees

CANCELLATIONS

All requests for cancellations must be in writing and received at the EVS Administrative Offices on or before **Tuesday, September 6th**. The registration fee, less a $50 processing fee, will be refunded after the meeting. No refunds are available for partial attendance. No refunds will be issued for cancellations received after **Tuesday, September 6th**.

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