



SOCIETY FOR CLINICAL VASCULAR SURGERY
BOCA RATON
 47TH ANNUAL SYMPOSIUM | MARCH 16 - 20, 2019

2019 Annual Symposium Registration Form

Online registration available at: www.scvs.org

PLEASE PRINT OR TYPE

NAME: _____ DEGREE: _____
 NPI #: _____
 INSTITUTION: _____
 ADDRESS: _____
 CITY: _____ STATE/PROVINCE: _____ ZIP: _____ COUNTRY: _____
 PHONE: _____ FAX: _____ EMAIL: _____
 NAME OF SPOUSE / GUEST (only if registering): _____

ATTENDEE FEES	EARLY BIRD (Through Feb. 12, 2019)	REGULAR FEE (Beginning Feb. 13, 2019)	ONSITE FEE	QUANTITY
SCVS Member	\$425	\$475	\$525	
SCVS Candidate Member	\$225	\$275	\$325	
Guest Physician	\$575	\$625	\$675	
Resident/Fellow*	\$225	\$75	\$325	
Allied Health Professional	\$325	\$375	\$425	
Spouse/Guest**	\$250	\$300	\$350	

*With letter from Chief of Service

**Includes Welcome Reception, Annual Banquet & Continental Breakfasts

ADDITIONAL TICKETS

ANNUAL BANQUET, Tuesday, March 19, 2019, 6:30 – 9:00 PM

Adult (21+) \$150

\$

TOTAL FEES DUE

\$

PAYMENT METHOD

Fees payable via MasterCard, Visa, American Express or check drawn on a US bank.

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☐ **Check Enclosed**

Please make checks payable to SCVS



Security Code: _____ (See card images above)

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ / _____

BILLING ADDRESS: _____

(If not the same as address listed above)

SIGNATURE: _____

I authorize SCVS to charge my credit card the above fees.

CANCELLATION POLICY: Cancellations cannot be made via the on-line website, but must be made in writing to the SCVS Administrative Offices. Direct your correspondence to: SCVS, 500 Cummings Center, Suite 4400, Beverly, MA 01915. **If written notice of cancellation is received at the SCVS Administrative Offices on or before March 1, 2019**, the registration fee, less a \$50 USD administrative fee, will be refunded after the meeting. No refunds will be issued for cancellations received after March 1st. Fees cannot be reduced for partial attendance.