

September 24-26, 2009

Loews Philadelphia Hotel ~ Philadelphia, PA

MEETING REGISTRATION FORM



NAME: _____

ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

EMAIL: _____ TEL: _____ FAX: _____

GUEST (If attending): _____

ANNUAL MEETING REGISTRATION FEES

(Please refer to brochure for information regarding fees)

- \$300.00 Members
Member Sub-Total: \$ _____
- \$375.00 Non Members
Non-Member Sub-Total: \$ _____
- \$150.00 Allied Health Professionals (RVT-NURSE)
Allied Health Sub-Total: \$ _____
- No fee for Residents *(With signed verification from Residency Director)*
- \$200.00 Guest / Spouse Ticket for Reception
Dinner, Friday, September 9, 2009
Dinner Ticket \$ _____

ANNUAL MEETING FUNCTIONS:

(Pre-registration is required for all functions.)

- Thursday, September 24, 2008 – Vascular Interpretation Course
 I will attend.
- Thursday, September 24, 2009 – Welcome Reception in Exhibit Hall.
 I/We will attend the Reception: ___ Guest(s) attending.
- Friday, September 25, 2009 – Members Business Meeting Luncheon
(Eastern Vascular Society Members Only)
 I will attend the Members Luncheon.
- Friday, September 25, 2009 – Reception/Dinner at The Franklin Institute
 I/We will attend the Dinner: ___ Guest(s) attending.

RESIDENTS/FELLOWS:

- Please sign me up for the MOCK BOARDS on Thursday, September 24, 2009. Registration must be made by **August 24, 2009.**

TOTAL REGISTRATION FEES ENCLOSED: \$ _____

REGISTRATION POLICIES: The deadline for pre-registration is September 11, 2009. Please complete the registration form and submit with the appropriate payment to:



EASTERN VASCULAR SOCIETY
 19 North Street, Salem, MA 01970
 Tel. (978) 745-8331; Fax. (978) 745-8334
<http://evs.vascularweb.org>

After this date, you will have to register on-site. Written requests for refunds must be received by September 18, 2009. Any requests received after this date will not be honored unless a special request is submitted to the Office of the Treasurer. **All refunds are subjected to a \$75.00 processing fee.**

METHOD OF PAYMENT *(please circle)*

- CHECK # _____ (Enclosed)
- AMEX VISA MASTERCARD *Please complete if paying by Credit Card.*

Card Holder's Name: _____

Card No. _____ Exp.: _____

Address on Card: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

Card Holder's Authorization: _____

(Please sign)