

SVS Techniques in Endovascular Management of Lower Extremity Ischemia Course

Meeting Registration Form

Name _____ Credentials _____

Name Badge Should Read _____

Institution/Company _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

E-mail _____

Registration Fees

\$400 Member \$500 Non-Member

*Please contact the hotel directly to make a room reservation

Payment Information

Amount enclosed \$ _____

Method Check made payable to the Society for Vascular Surgery

Credit Card VISA MasterCard American Express

Card number _____ Exp. Date _____

Name on Card _____ Signature _____

Special Needs. If you have a disability that requires special needs, accommodations or requirements, please check the box and you will be contacted by a staff person.

Register By Mail

Society for Vascular Surgery
38678 Eagle Way
Chicago, IL 60678-1386



Register By Fax

312-334-2320, credit card payment only. Faxes without payment will not be processed until payment is received.

Cancellation Policy

Request for refunds/cancellations must be received in writing by **February 29, 2008**. No refunds will be given after that date. Refunds will be subject to a \$50 cancellation fee.

SVS reserves the right to cancel or postpone courses due to unforeseen circumstances. In this case, a full registration refund will be given. All other expenses incurred associated with this meeting are the responsibility of the participant.

Questions

Please contact education for questions regarding your registration at 312-334-2306 or education@vascularsociety.org.