

SVS Medical Student Section Application

Qualifications

Members of the Medical Student Section shall include medical students from medical schools in the U.S., Canada and internationally.

Requirements

SVS Medical Student Section members are charged a \$25 one-time payment for the duration of their medical school career.

Application Process

Accepted on a rolling basis.

Benefits and Privileges

The Section will serve as a platform for medical students to gain access to valuable vascular surgery career resources and promote a network of similarly interested students.

- Medical Student Section Members will receive various SVS e-communications, the *SVS Pulse*, the Student e-newsletter: *On the Cutting Edge*, access to the online edition of *Vascular Specialist* and monthly Podcasts on vascular surgery topics.
- Medical Student Section Members are eligible for Vascular Annual Meeting scholarships, provided they are nominated by a Society member.
- Medical Student Section Members will have the opportunity to build a community of similarly interested medical students through a dedicated area on VascularWeb.org.
- Medical Student Section Members will be given discounts on books and products sold on VascularWeb.org.
- Medical Student Section Members will have the opportunity to participate in an online mentor matching program.

I hereby submit my application for the Medical Student Section of the Society for Vascular Surgery and certify all information recorded on this application is accurate.

Signature _____ Date _____

INFORMATION *(Please type or print)* **Provide Permanent Address Below**

Name _____

Address _____

City, State, Zip _____

Email Address _____ **Phone Number** _____

Date of Birth _____ **Gender** Female Male

MEDICAL EDUCATION

Institution _____

Location _____

From _____ **To** _____ **Graduation/Anticipated Graduation Date** _____

PAYMENT

Check *(made payable in U.S. currency to Society for Vascular Surgery)*

OR

VISA, MasterCard, or AMEX accepted as payment.

-- cc/number

- expiration date _____ Signature _____

Authorized Amount: \$25 (U.S.)

REMIT ALL PAYMENTS TO:

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

For more information, contact 800-258-7188 or email studentresident@vascularsociety.org