



MEETING REGISTRATION FORM
Managing Coding and Reimbursement Challenges in Vascular Surgery 2005

Name _____ Credentials _____

(Office staff, please provide name of physician you work for)

Name Badge Should Read _____

Institution/Company _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

E-mail _____

Registration Fees _____ **\$400 Member**** _____ **\$500 Non-Member**

****Applies to staff of a member**

Please check which course you would like to attend.

_____ **San Diego, CA, March 11, 2005** _____ **Atlanta, GA, September 23, 2005**

***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.