



2009 SVS Women's Leadership Retreat
Presented by the Women's Leadership Committee
October 22-24, 2009 | Hotel Viking | Newport, Rhode Island

Registration Form

Please note – all participants must pre-register prior to the program date. Space is limited, and onsite registration may not be available. Please **print** information below:

Name _____ Credentials _____

Title _____

Institution/Company _____

Address _____

City/State/ZIP _____

Phone _____ Fax _____

Email _____

Registration Fees

\$220 – SVS Members

Payment Information

Amount Enclosed \$ _____

Method Check made payable to Society for Vascular Surgery

Credit Card Visa MasterCard American Express

Card Number _____ Expiration 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 only). Faxes without payment will not be processed until payment is received.

Cancellation Policy: Request for refunds/cancellations must be received in writing by **Friday, October 9, 2009**. 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 Jill Goodwin for questions regarding your registration at 800-258-7188 or jgoodwin@vascularsociety.org.