



MEETING REGISTRATION FORM

Fax to: 978-524-0498, or mail to: SCVS Registration, 900 Cummings Center, Suite 221-U, Beverly, MA 01915

(On-line registration available at: www.scvs.vascularweb.org)

PLEASE PRINT OR TYPE

REGISTRATION DEADLINE: MARCH 8, 2007

NAME:
INSTITUTION:
ADDRESS:
CITY: STATE/PROVINCE: ZIP: COUNTRY:
PHONE: FAX: Email:
NAME OF SPOUSE / GUEST (only if registering):

Table with columns: ATTENDEE FEES, EARLY BIRD (through Jan 31, 2007), REGULAR FEE (Beginning Feb 1, 2007), QUANTITY. Rows include SCVS Member, Guest Physician, Resident/Fellow*, Gore Fellow, Allied Health Professional, Spouse/Guest, Corporate Guest.

*With letter from Chief of Service, includes banquet

OPTIONAL SOCIAL ACTIVITIES/ ADDITIONAL TICKETS

ANNUAL BANQUET, Friday, March 23, 2007
*Children 5 & under are free
Adult (16+) \$150
Youth (5-16) \$50

GOLF OUTING, Thursday, March 22, 2007
\$125.00 per person
Golf fee includes greens/cart fees, boxed lunch, tax and gratuity in addition to transfers to/from the Lake Buena Vista Golf Course. Club rentals available on site.

TOTAL FEES DUE \$

PAYMENT METHOD

Fees payable via MasterCard, Visa, American Express or check drawn on a US bank.

Payment method options: MasterCard, VISA, AMERICAN EXPRESS, Check Enclosed (Checks payable to SCVS)

CREDIT CARD NUMBER:

EXPIRATION DATE: /

SIGNATURE:

I authorize SCVS to charge my credit card the above fees.

CANCELLATION POLICY: Cancellations cannot be made via the on-line website, but must be made in writing to the SCVS Administrative Offices. Direct your correspondence to: SCVS, 900 Cummings Center, Suite 221-U, Beverly, MA 01915 USA. You may also e-mail your correspondence to: kcloak@prri.com. If written notice of cancellation is received at the SCVS Administrative Offices on or before February 22, 2007, the registration fee, less a \$50 USD administrative fee, will be refunded after the meeting. No refunds will be issued for cancellations received after February 22nd. Fees cannot be reduced for partial attendance.