



Fall 2015 RPVI Exam Review Course

REGISTRATION FORM

Registration Type (please circle appropriate fee)

	SVU Members	Nonmembers	Fellows*
Before 7/26/15	\$785	\$935	\$455
After 7/26/15	\$885	\$1,035	\$555

**Fellows rate is for those physicians training in vascular ultrasound at an accredited hospital. ALL fellows are required to submit proof of residence of fellow status in the form of a letter from their department.*

Registrant Information

Name _____ Credential(s) _____

Email _____

Company _____

Billing Address _____

City/State/Zip _____

Phone (required for credit card) _____ Fax _____

ARDMS/CCI# (for reporting CME) _____

☐ Special needs due to disability or special meal request _____

Payment Information

☐ Check (in U.S. funds, drawn on a U.S. bank, net of all bank charges)

☐ Charge (circle) MasterCard VISA AMEX

Amount \$ _____

Account # _____

Exp Date _____ Signature _____