



# SVU Central Region Vascular Meeting

## REGISTRATION FORM

Registration Type (please circle appropriate fee)

	Technologist/Physician	Student*
	Member/Nonmember	Member/Nonmember
Before 11/5/18	\$50/\$100	\$20
After 11/5/18	\$65/\$115	\$35

\*Students rate is for those students in a full time undergraduate or graduate program and must submit [a letter of verification](#) from the department head or registrar certifying your current student status and date of graduation.

### Registrant Information

Name \_\_\_\_\_ Credential(s) \_\_\_\_\_

Email \_\_\_\_\_

Company \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (required for credit card) \_\_\_\_\_ Fax \_\_\_\_\_

ARDMS/APCA/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 \_\_\_\_\_