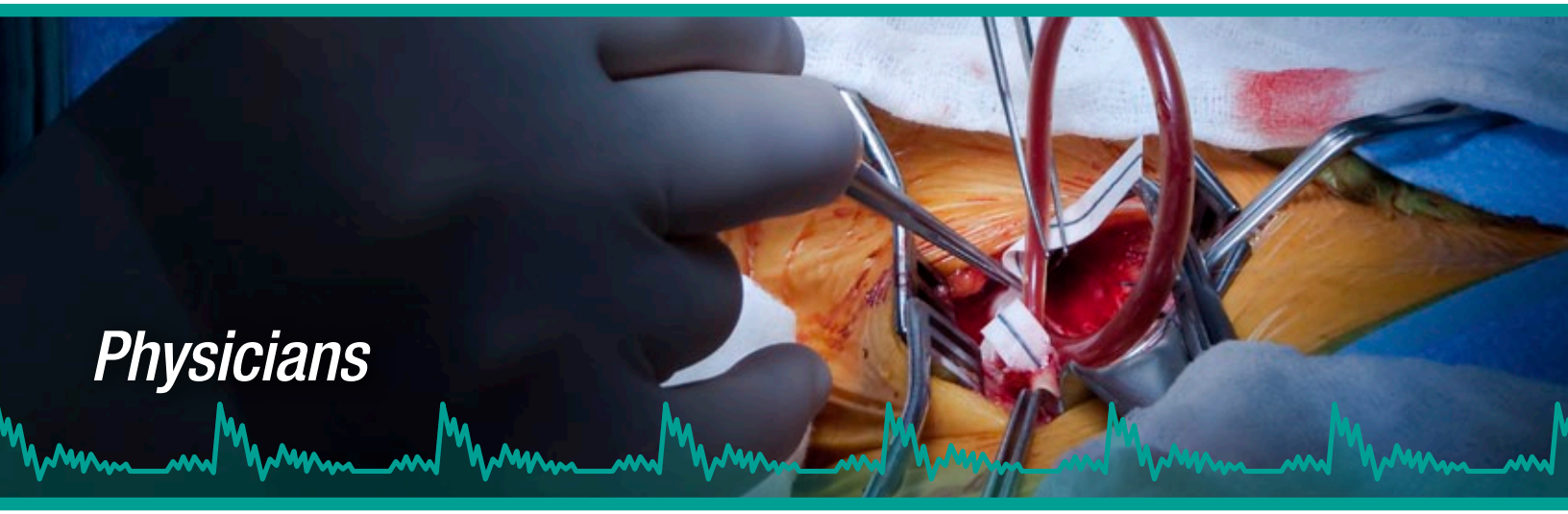
SOCIETY FOR VASCULAR ULTRASOUND



Education

Earn over 33 CME credits per year with exceptional education offerings.

Journal for Vascular Ultrasound This quarterly journal delivers original scientific articles, technical reviews and applicable insights to help you excel in the workplace. Earn up to 12 *AMA PRA Category 1 CME Credits™*. FREE

SVU Annual Conference Hear the latest research surrounding vascular ultrasound and connect with leaders across the world. Earn up to 15.25 SVU CME credits. DISCOUNT

Monthly Webinars No need to travel, just sit at your desk! Earn at least six *AMA PRA Category 1 CME Credits™*. FREE

RPVI Study Course Prepare for the ARDMS Registered Physician in Vascular Interpretation Certification Exam. Earn at least 16 *AMA PRA Category 1 Credits™*. DISCOUNT

Advocacy

SVU represents your voice on both national and local issues.

Advocacy Updates Stay up to date on critical regulatory and legislative issues.

Funding Twenty percent of your membership dues are used for advocacy efforts advancing your profession.

Community

Connect with our community of over 5,200 vascular professionals from around the world.

Member Directory Looking to connect with a colleague to ask a procedure-related question? Take advantage of the online member directory of over 5,200 vascular professionals like yourself.

Board and Committee Participation Get involved to help shape the future of SVU.

Social Discussions Gone are the days of posting pictures or tweeting the latest quote you heard, SVU offers a personal community platform where members can connect based on interests or location and can post questions to receive instant feedback from colleagues.

Learn more at www.svunet.org/membership

SVU
SOCIETY FOR VASCULAR ULTRASOUND

The VOICE for the Vascular Ultrasound Profession since 1977

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Referring Member

Name_____

Member ID_____

SVU MEMBERSHIP APPLICATION

Please type or print

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. Name _____

Job Title _____

Preferred Mailing Address: ☐ Business ☐ Home

Company/Institution _____

Address_____

City _____ State _____ Zip_____

Telephone _____ Fax _____

E-mail _____

Billing Address for credit card charges (if different from address above)

Address_____

City _____ State _____ Zip_____

Telephone _____ Fax _____

E-mail _____

Dues (effective until 12/31/2014)

Note: Approximately 20% of your membership dues will be used for advocacy expenses.

☐ **Physician Membership (USA/International)**.....$245/yr

☐ **Regular Membership (USA & Canada)**.....$145/yr

☐ **International Membership (outside USA & Canada)**.....$150/yr

☐ **Resident/Fellows Membership**.....$95/yr

Resident/Fellows rate is for physicians training at an accredited hospital. ALL are required to submit proof of status in the form of a letter from their department head or program director.

☐ **Student**.....$25/yr

Students must be full time undergraduate or graduate students and must submit a letter from the department head or registrar certifying your current student status and date of graduation.

☐ **Student Transitional Membership**.....$80/yr

Previously enrolled SVU Student Members for first year after graduation.

☐ **Retired/Disabled Member**.....$45/yr

Retired from active employment and no longer employed and/or permanently disabled. Visit online for details and required affidavit.

Payment method

Please make checks payable to SVU in US funds drawn on a US bank, net of all bank charges, or use a credit card: ☐ MasterCard ☐ Visa ☐ AmEx

Account No._____ Exp. Date _____

Signature _____

Print name _____

Mail this form to:

SVU, P.O. Box 75491
Baltimore, MD 21275-5491

Or fax to (credit card payment only):
301-459-5651

For more information

Phone: 301-459-7550 or 800-SVU-VEIN
E-mail: svuinfo@svunet.org
Or visit us on the web at www.svunet.org

Certification(s) by professional certifying board or agency:

☐ RVT ☐ RDMS ☐ RDCS ☐ RVS ☐ RPVI
☐ RPhS ☐ RN ☐ CVN ☐ LPN ☐ LVN ☐ RT
☐ RPhS ☐ RTR ☐ CRT ☐ RRT ☐ PA-C
☐ Other: _____

Highest Degree earned:

☐ High School ☐ Some College
☐ Diploma Program ☐ AS ☐ AA ☐ BS
☐ BA ☐ BSN ☐ MS ☐ MA ☐ MSN
☐ Med ☐ MBA ☐ MD ☐ DO ☐ PhD
☐ ScD ☐ JD ☐ Other: _____

Work setting (check one):

☐ Hospital/Institution
☐ Private Lab/Physician's Office
☐ Equipment Company

Other organizations of which you are a member:

☐ SDMS ☐ SVS ☐ SVM ☐ ASE ☐ ACP
☐ ASN ☐ ACC ☐ SIR ☐ SVN ☐ ACR
☐ ASRT ☐ Other:
_____

Year you began work in a noninvasive field:

_____

Specialty of the Physician Medical Director (check one):

☐ Vascular Surgery ☐ Cardiology
☐ Cardiovascular Surgery
☐ Radiology ☐ Neurology
☐ General Surgery
☐ Other: _____

Is the performance of noninvasive vascular testing your primary job responsibility?

☐ Yes ☐ No

If not, describe your primary job responsibility:

_____
_____
_____

If you are a member of an affiliated SVU Chapter, specify chapter:

_____

Promotion Code: _____