



SVU Central Region Vascular Meeting

REGISTRATION FORM

Registration Type (please circle appropriate fee)

	Technologist/Physician	Student*
	Member/Nonmember	Member/Nonmember
Before 10/28/19	\$50/\$100	\$20
After 10/28/19	\$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, _____

SVU Members only) _____

☐ 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 # _____ Signature _____

Exp Date _____