



Florida Vascular Society Annual Scientific Sessions Registration Form

Complete form and return by March 15, 2010

Name	Designation (circle): MD DO FACS RPVI ARNP RN RVT
Address Work <input type="checkbox"/> Home <input type="checkbox"/>	City/State/Zip
Telephone	Fax
Email	Circle one: Member Non-Member PA/ARNP/RN/TECH
Specialty:	Resident Fellow Medical Student

	Registration	President's Dinner	Subtotal
Member	\$350	\$50	\$
Non-member	\$450	\$100	\$
Applicant	\$400	\$100	\$
PA/ARNP/RN/TECH	\$250	\$100	\$
Resident/Fellow/Medical Student	\$0	\$0	\$
Guest/Spouse (includes all receptions)	\$125	\$100	\$

Tennis Tournament
\$35 per person

Golf Tournament
\$50 per person

space is limited for all activities, please pre-register

Total Due: _____

ADA: In accordance with the ADA requirements, if you are disabled and require special services, please check here. Someone from our office will contact you.

Special Dietary Request: If you have special dietary requirements, please check this box. Someone from our office will contact you.

PAYMENT INFORMATION

Payment Method

Mail or Fax to:

*Florida Vascular Society
400 Capital Circle SE,
Suite, 18307
Tallahassee, FL 32301
Phone: (607) 754-2765
Fax: (850) 907-1230*

Check : Please make checks payable to Florida Vascular Society

Credit Card (a 3.25% processing fee will be charged):

MasterCard VISA AMEX DISCOVER

Credit Card #: _____

Expiration Date: ____ / ____ Security Code (3 or 4 digit #): _____

Cardholder Signature: _____

FAX COMPLETED FORM TO (850) 907-1230