



THE BREAKERS®

PALM BEACH

Florida Vascular Society

24th Annual Scientific Sessions
April 28 - May 1, 2011

Register Today!
Complete form and return by March 31, 2011
www.FVS.org

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	\$75	\$
Non-member	\$450	\$120	\$
Applicant	\$400	\$120	\$
PA/ARNP/RN/TECH (Thursday Only)	\$75	\$0	\$
PA/ARNP/RN/TECH	\$200	\$120	\$
Resident/Fellow/Medical Student	\$0	\$0	\$
Guest/Spouse (Daily Hospitality Suite and Receptions)*	\$100	\$120	\$

*Daily Hospitality Suite – Open from 7:00 AM – 10:00 AM daily for continental breakfast.

<input style="width: 40px; height: 20px;" type="text"/> 5K Run \$10 per person	<input style="width: 40px; height: 20px;" type="text"/> Tennis Tournament \$20 per person	<input style="width: 40px; height: 20px;" type="text"/> 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 Foundation

Credit Card:

MasterCard VISA AMEX DISCOVER

Credit Card #: _____

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

Cardholder Signature: _____

FAX COMPLETED FORM TO (850) 907-1230