



# New England Society for Vascular Surgery

44<sup>th</sup> Annual Meeting | September 8-10, 2017  
Sheraton Boston Hotel | Boston, MA

## Onsite Registration Form

Included in your registration fee are all scientific sessions, luncheons, panels, lectures, entrance to the exhibit hall, continental breakfast, coffee breaks, the Welcome Reception and President's Dinner.

|                             |       |               |
|-----------------------------|-------|---------------|
| Name                        |       |               |
| Institution                 |       |               |
| Institution Mailing Address |       |               |
| City                        | State | Zip           |
| Daytime Phone               |       | Email Address |

### Registration Category

|   | ONSITE FEE |
|---|------------|
| <input type="checkbox"/> NESVS Member                 | \$375      |
| <input type="checkbox"/> Guest Physician (Non-Member) | \$475      |
| <input type="checkbox"/> Allied Health Professional   | \$275      |
| <input type="checkbox"/> Fellow                       | \$75       |
| <input type="checkbox"/> Resident                     | \$75       |
| <input type="checkbox"/> Medical Student              | No Charge* |

\*Letter from Chief of Service required for this registration category.

### Specialty

Please indicate your specialty below:

- |   |   |
|---|---|
| <input type="checkbox"/> Vascular Surgeon | <input type="checkbox"/> Cardiologist       |
| <input type="checkbox"/> General Surgeon  | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Other: _____     |   |

### Separate Subscription

|  | FEE   |
|--|-------|
| <input type="checkbox"/> Postgraduate Course                                 | \$100 |
| <input type="checkbox"/> Postgraduate Course (Fellows, Residents & Students) | \$50  |

### President's Dinner Ticket(s)

The President's Dinner on Saturday evening is included in your registration fee. **However, if you would like to bring a spouse/partner, guest or children (12+) to this event, you will need to purchase a ticket.** Children under 12 are free. The price of each ticket is \$100. Please indicate the number of tickets below.

# of tickets \_\_\_\_\_ x \$100 \$ \_\_\_\_\_

### Total Amount Due

|   |          |
|---|----------|
| Registration Category                   | \$ _____ |
| Separate Subscription                   | \$ _____ |
| Additional President's Dinner Ticket(s) | \$ _____ |

### Payment Method

- ☐ VISA    ☐ MasterCard    ☐ American Express  
☐ Check (Enclosed) *Please make check payable to the NESVS.*

### Credit Card Information

|                  |                                |
|------------------|--------------------------------|
| Credit Card #:   | _____                          |
| Expiration Date: | ____ / ____    CVV Code: _____ |
| Billing Address: | _____<br>_____<br>_____        |
| City/State/Zip:  | _____                          |
| Name on Card:    | _____                          |

**PLEASE BRING THIS COMPLETED FORM WITH YOU TO  
THE NESVS REGISTRATION DESK AT  
THE CLIFF HOUSE IN MAINE.**