

New England Society for Vascular Surgery Mock Oral Examination

▪ Registration Form ▪

Location: University of Massachusetts Medical School
55 Lake Avenue North, 3rd Floor of Medical School, Room S3-825
Worcester, MA 01655

Date: Saturday, May 12, 2018

Time(s): First Group – Please plan on arriving at 7:30 am for room assignments
Second Group – Please plan on arriving at 9:30 am for room assignments

Participant: _____ PGY Level: _____

Email Address: _____ Cell Phone: _____

Training Program: _____

Program Coordinator: _____

Coordinator's Email: _____

We require a \$100 deposit to secure your spot in the program – please complete credit card information below, or make check payable to the New England Society for Vascular Surgery and mail with this application. Your full deposit will be returned to you upon arrival at the exam. No-shows and cancellations after April 1, 2018 will forfeit the deposit.

Credit Card #: _____

Expiration Date: _____ CVV Code: _____

Billing Address: _____

City/State/Zip: _____

Signature: _____

All applications (with deposit) must be received by Friday, December 15, 2017.

Email:

Jessica.Simons@umassmemorial.org

Mail:

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