



# International College of Angiology

Member, Council for International Organizations of Medical Sciences (CIOMS)  
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61<sup>st</sup> Annual World Congress • ICA 2019  
 Renaissance Hotel • Columbus, Ohio  
 October 10-12, 2019

## ICA REGISTRATION FORM

Registrant	(Please Print) MD/MBBS/RN, RVT, PA (Family Name) (First Name) (MI)
Accompanying Person(s)	Dr./Prof./Mr./Mrs./Ms. (Family Name) (First Name) (MI) _____ (Family Name) (First Name) (MI)
Registrant Mailing Address	Institution/Clinic/Home _____ Street _____ City _____ State _____ Country _____ Zip/Postal Code _____ Tel. No. ( ) _____ FAX No. ( ) _____ E-MAIL: _____ Specialty: _____

**REGISTRATION FEES:** ICA Registration is personal and **non-transferable**.

Your fee must accompany this registration form. In order to maintain accurate meal counts and seating for our Congress please indicate your days of attendance.

	EARLY REGISTRATION BEFORE 15 MAY 2019	REGISTRATION 15 MAY 2019 – 15 JULY 2019	REGISTRATION AFTER 15 JULY 2019
<input type="checkbox"/> ICA Fellows, Associate Fellows <sup>†</sup> , Affiliate Fellows and Members	(USD) \$400 (Entire Congress)	(USD) \$475 (Entire Congress)	(USD) \$550 (Entire Congress)
<b>PLEASE INDICATE DAYS ATTENDING:</b>	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		
<input type="checkbox"/> All Other Non-Fellows	(USD) \$600 (Entire Congress)	(USD) \$675 (Entire Congress)	(USD) \$750 (Entire Congress)
<b>PLEASE INDICATE DAYS ATTENDING:</b>	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		
<input type="checkbox"/> RN's, PA's, RVT's/Allied Medical Services* *(Not Applicable to Oral or Poster Presentations)	(USD) \$200 (Entire Congress)	(USD) \$225 (Entire Congress)	(USD) \$250 (Entire Congress)
<b>PLEASE INDICATE DAYS ATTENDING:</b>	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		
<input type="checkbox"/> Fellows, Residents, Interns & Students**	(USD) \$50 (Entire Congress)	(USD) \$100 (Entire Congress)	(USD) \$150 (Entire Congress)
<b>PLEASE INDICATE DAYS ATTENDING:</b>	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		
<input type="checkbox"/> Students***	*** There is NO Registration Fee for students to attend the ICA Annual World Congress. However, a letter from the University and the submission of a <b>valid student card</b> is required.		
<b>PLEASE INDICATE DAYS ATTENDING:</b>	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		

<sup>†</sup>Associate Fellows of the ICA, **in good standing**, ARE NOT REQUIRED TO PAY A REGISTRATION FEE as part of their membership benefit. (Only applies to the first 3 years of membership. Thereafter, the full registration fee applies). \* This fee IS NOT applicable to Oral or Poster Presentations. \*\*Requires a letter from the hospital/Department Chair verifying position.

### REGISTRATION PAYMENT INFORMATION

PLEASE FORWARD INFORMATION AND AN APPLICATION FOR FELLOWSHIP

Credit Card Type: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Must be in U.S. funds, drawn on a U.S. bank.
Credit Card Number: _____	<input type="checkbox"/> Check Amount: (USD) \$ _____ Check Nr. _____
Name As It Appears on Card: _____	Expiration Date: _____ CCV _____ Billing Zip/Postal Code _____ (Required) (Required)
Authorized Signature: _____	

**REGISTRATION CANCELLATION POLICY:** A written request must be received no later than 1 June 2019, less a \$50 administrative fee. There will be a 50% processing fee for all cancellations received after 15 June 2019 and before 15 July 2019. Fees are non-refundable after 1 August 2019.