



International College of Angiology
 Member, Council for International Organizations of Medical Sciences (CIOMS)
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59th Annual World Congress ICA 2017
Marriott Hotel • Vienna, Austria
7-9 September 2017

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) |
| | _____ (Family Name) (First Name) (MI) |
| Registrant Mailing Address <i>Please check one</i> <input type="checkbox"/> Institution <input type="checkbox"/> Private Clinic <input type="checkbox"/> Home | 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 APRIL 2017 | REGISTRATION APRIL 15, 2017 – 15 JUNE 2017 | REGISTRATION AFTER 15 JUNE 2017 |
|--|---|---|------------------------------------|
| <input type="checkbox"/> ICA Fellows, Associate Fellows [†] , Affiliate Fellows and Members | (USD) \$400 (Entire Congress) | (USD) \$475 (Entire Congress) | (USD) \$550 (Entire Congress) |
| PLEASE INDICATE DAYS ATTENDING: | <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) |
| PLEASE INDICATE DAYS ATTENDING: | <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 | (USD) \$225 | (USD) \$250 |
| PLEASE INDICATE DAYS ATTENDING: | <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday | | |
| <input type="checkbox"/> Fellows, Residents, Interns & Students** | (USD) \$25 | (USD) \$50 | (USD) \$75 |
| PLEASE INDICATE DAYS ATTENDING: | <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday | | |

[†]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, Video or Poster Presentations. **Requires a letter from the hospital verifying position. Students required to submit a valid student card.

PLEASE FORWARD INFORMATION AND AN APPLICATION FOR FELLOWSHIP

REGISTRATION PAYMENT INFORMATION

| | |
|--|---|
| Credit Card Type: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <i>Must be in U.S. funds, drawn on a U.S. bank.</i> |
| 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 15 June 2017, less a \$50 administrative fee. There will be a 50% processing fee for all cancellations received after 15 June 2017 and before 1 August 2017. Fees are non-refundable after 1 August 2017.