



International College of Angiology

Member, Council for International Organizations of Medical Sciences (CIOMS)
 EXECUTIVE OFFICE: 161 MORIN DRIVE • JAY, VERMONT 05859 USA
 802.988.4065 • FAX: 802.988.4066 • EMAIL: denisemrossignol@cs.com



ICA REGISTRATION FORM

60th Anniversary Annual World Congress ICA 2018
 Jikei University School of Medicine • Tokyo, Japan
 20-21 August 2018

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	Institution/Clinic/Home
<i>Please check one</i>	
<input type="checkbox"/> Institution	Street _____
<input type="checkbox"/> Private Clinic	City _____ State _____ Country _____ Zip/Postal Code _____
<input type="checkbox"/> Home	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 2018	REGISTRATION 15 APRIL 2018 – 15 JUNE 2018	REGISTRATION AFTER 15 JUNE 2018
<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"/> Monday <input type="checkbox"/> Tuesday		
<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"/> Monday <input type="checkbox"/> Tuesday		
<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)
PLEASE INDICATE DAYS ATTENDING:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday		
<input type="checkbox"/> Fellows, Residents, Interns & Students**	(USD) \$25 (Per Day)	(USD) \$50 (Per Day)	(USD) \$75 (Per Day)
PLEASE INDICATE DAYS ATTENDING:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday		

[†]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 are required to submit a valid student card. The reduced rate for fellows, residents, interns and students IS NOT applicable to Oral, Video or Poster Presentations.

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"/> <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 _____
Authorized Signature: _____	(Required) (Required)

REGISTRATION CANCELLATION POLICY: A written request must be received no later than 1 June 2018, less a \$50 administrative fee. There will be a 50% processing fee for all cancellations received after 15 June 2018 and before 15 July 2018. Fees are non-refundable after 1 August 2018.