

# Midwestern Vascular 2009

## 33<sup>RD</sup> ANNUAL MEETING of the Midwestern Vascular Surgical Society

September 10-12, 2009 • The Westin Michigan Avenue • Chicago, IL

### MEETING REGISTRATION FORM

By completing this registration form, your registration will be entered in the CVENT system. Your registration/payment confirmation will be mail to your to you if an email is not provided. Please print or type clearly.

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*(Required)*

Spouse/Guest's Name: *(List only if attending Receptions and registering for Meeting)* \_\_\_\_\_

#### REGISTRATION FEES

The registration fees include the Welcome Reception on Thursday evening in the Exhibit Hall, Continental Breakfast and Coffee Breaks in the Exhibit Hall each day, the Business Meeting Luncheon for MVSS Members Only, and the Special Reception on Friday evening. The fee for Spouses/Guests is for admittance to the Welcome Reception and Special Reception. Residents and Fellows must provide a letter from their Program Director and sent to the Society's Administrative Offices.

A. \_\_\_\_\_ Member \$200 \$ \_\_\_\_\_

B. \_\_\_\_\_ Non-Member  
Physician \$250 \$ \_\_\_\_\_

C. \_\_\_\_\_ Resident N/C  
*(with a letter from Program Director)*

D. \_\_\_\_\_ Allied Health \$100 \$ \_\_\_\_\_  
Professional

1. \_\_\_\_\_ Spouses/Guests \$75 \$ \_\_\_\_\_

#### EVENTS *(included in registration fees)*

Please indicate participation in the following events:

5. \_\_\_\_\_ **Welcome Reception**  
Thursday, September 10, 2009

7. \_\_\_\_\_ **Member Business Luncheon**  
Friday, September 11, 2009  
*(For MVSS Members only)*

8. \_\_\_\_\_ **SPECIAL Reception:**  
Friday, September 11, 2009

*(Please indicate number of people. Spouses and guests are required to purchase a ticket for the Receptions under the spouses'/guests' fee)*

#### REGISTRATION PAYMENT

The payment of registration may be made by the following methods:

By check payable to:

**Midwestern Vascular Surgical Society**

Or by Credit Card:

VISA®  MasterCard®  American Express®

NAME OF  
CARD HOLDER: \_\_\_\_\_

CARD #: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

#### RETURN FORM TO:

**Midwestern Vascular Surgical Society**  
19 North Street, Salem, MA 01970  
Tel: (978) 745-8331; Fax: (978) 745-8334

**THE DEADLINE FOR PRE-REGISTRATION IS AUGUST 31, 2009.**