




**FVS 32nd ANNUAL SCIENTIFIC SESSIONS**

**April 25 - 28, 2019**

The Diplomat Beach Resort • Hollywood, Florida



**REGISTRATION FORM: Return by April 8, 2019**

Name		Designation <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> FACS <input type="checkbox"/> RPVI <input type="checkbox"/> ARNP <input type="checkbox"/> RN <input type="checkbox"/> RVT <input type="checkbox"/> PA	
Specialty		Cell Phone	Work Phone
Group Practice Name		Email	
Address <input type="checkbox"/> Work <input type="checkbox"/> Home		City/State/Zip	
<input type="checkbox"/> Member <input type="checkbox"/> Non-Member <input type="checkbox"/> PA/ARNP/RN/TECH <input type="checkbox"/> Resident <input type="checkbox"/> Fellow <input type="checkbox"/> Medical Student			
		Registration	Subtotal
Member		\$350	\$
Non-member		\$450	\$
Applicant		\$400	\$
PA/ARNP/RN/TECH		\$200	\$
Resident/Fellow/Medical Student		\$0	\$
Golf Tournament (Friday Afternoon)		\$100/per person	____number \$
<input type="checkbox"/> Family Beach Day (Saturday Afternoon) 		____number, 18 & over	____number, 17 & under

**TOTAL DUE: \$ \_\_\_\_\_**

**ADA:** In accordance with the ADA requirements, if you are disabled and require special services, please check here. Someone from our office will contact you.  **Special Dietary Request:** If you have special dietary requirements, please check this box. Someone from our office will contact you.

How did you hear about our Scientific Sessions:  ISET  Internet/Email  Mail  Other \_\_\_\_\_

**PAYMENT INFORMATION**

**Mail to:**

Florida Vascular Society  
400 Capital Circle, SE  
Suite 18307  
Tallahassee, FL 32301  
(607) 754-2765

**Payment Method:**

Check: Please make payable to **Florida Vascular Foundation**  
Tax ID# 26-3038752

Credit Card:

MasterCard  VISA  AMEX  DISCOVER

Credit Card #: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Security Code (3 or 4 digit #): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_