

VENOUS SYMPOSIUM 2020 - REGISTRATION

First Name: _____

Last Name: _____

DO MD PhD PA NP LPN RN RVT RDMS Other: _____

Preferred Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Medical Center/Hospital/Institution: _____

Daytime Phone: _____ Mobile Phone: _____

E-mail (required for confirmation and certificate information): _____

Pursuant to the Americans with Disabilities Act, please specify any special services you require: _____

State(s) of Professional Licensure: _____

(As continuing education providers, it is important to our recordkeeping process to maintain information relating to our learners' licensure. To that end, providing your professional license number is optional, but of importance to continuing education efforts.)

License Number: _____

REGISTRATION FEES	Early Registration By January 17	Regular Registration From January 18
Physician	<input type="checkbox"/> \$975	<input type="checkbox"/> \$1,075
Fellow/Resident *	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
Allied Health Professional	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
Industry Professional/Non-clinical	<input type="checkbox"/> \$1,100	<input type="checkbox"/> \$1,200
VS Aesthetic Vein Session	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200

* Fellows/Residents may apply for the Fellows/Residents Scholarship by submitting a letter from their fellowship director, on institutional letterhead, confirming the fellowship status, along with the application found online at <http://venous-symposium.com/fellows-scholarship/>. Both letter and application must be submitted together to mlescanofeher@ccmcme.com.

SPECIALTY/REGISTRATION TYPE (Please select only one)

PHYSICIAN / FELLOW / RESIDENT	ALLIED HEALTH PROFESSIONAL	INDUSTRY/OTHER
<input type="checkbox"/> Vascular Surgery <input type="checkbox"/> General Surgery <input type="checkbox"/> Plastic Surgery <input type="checkbox"/> Phlebology <input type="checkbox"/> Dermatology <input type="checkbox"/> Cardiothoracic Surgery <input type="checkbox"/> Interventional Cardiology <input type="checkbox"/> Interventional Radiology <input type="checkbox"/> Other: _____	<input type="checkbox"/> Physician Assistant <input type="checkbox"/> Registered Technologist <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Administrative Support Staff <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Registered Diagnostic Medical Sonographer <input type="checkbox"/> Registered Vascular Technologist <input type="checkbox"/> Other: _____	<input type="checkbox"/> Industry Professional <input type="checkbox"/> Scientist <input type="checkbox"/> Engineer <input type="checkbox"/> Other: _____

5K RUN/WALK – Saturday, March 21, at 5:15 a.m. - 1 RSVP 2 RSVP

DEMOGRAPHIC INFORMATION

What contributed most to your decision to register?

- Online Search/Conference Website Journal Advertisement
 Personal Recommendation/Invitation Online Advertisement
 Email Advertisement Other: _____
 Mailed Postcard/Brochure

Age Group – (Optional)

- Under 30 51-60
 30-40 61 and over
 41-50

Have you attended Venous Symposium in the past? Yes No

May we use your email address for symposia-related communications and communications from symposia affiliates?

Yes No

For more information about how Complete Conference Management uses your email and other personal data, please review the Complete Conference Management [Privacy Policy](#).

I acknowledge that I have reviewed the [Privacy Policy](#).

Cancellation requests received in writing on or before February 14, 2020, will be refunded, less a \$75 administrative fee.

Cancellations received after February 14, 2020, will not be refunded.

PAYMENT INFORMATION

Mail registration form and check payable to: Complete Conference Management, 8333 NW 53rd Street, #450, Doral, FL 33166.

Checks must be received by March 6, 2020. Alternatively, register online at www.venous-symposium.org.



This educational activity provides training necessary for licensed attendees to maintain state licensing requirements. The tuition for this educational activity is subsidized in part by unrestricted educational grants, including for those attendees who have successfully completed the state licensing requirements for their respective fields. This subsidy is reflected in the registration fees for this activity.