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:

License Number: *(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.)*

REGISTRATION FEES	Registration Only	Registration and CME
Physician	❑ $300	❑ $500
Physicians-in-Training	❑ Free	❑ Free
Allied Health Professional	❑ $150	❑ $250
Industry Professional/Non-clinical	❑ $400	❑ $600

SPECIALTY/REGISTRATION TYPE (Please select only one)

PHYSICIAN / FELLOW / RESIDENT	ALLIED HEALTH PROFESSIONAL	INDUSTRY/NON-CLINICAL
❑Vascular Surgery ❑General Surgery ❑Plastic Surgery ❑Phlebology ❑Dermatology ❑Cardiothoracic Surgery ❑Interventional Cardiology ❑Interventional Radiology ❑Other: _____	❑Physician Assistant ❑Registered Technologist ❑Nurse Practitioner ❑Administrative Support Staff ❑Registered Radiologic Technologist ❑Registered Cardiovascular Invasive Specialist ❑Registered Vascular Technologist ❑Other: _____	❑Industry Professional ❑Scientist ❑Engineer ❑Other: _____

DEMOGRAPHIC INFORMATION

What contributed most to your decision to register?

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

Age Group – (Optional)

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

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.

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 July 3, 2020. Alternatively, register online at www.venous-symposium.org.

COMPLETE CONFERENCE MANAGEMENT | UMA
A DIVISION OF ULTIMATE MEDICAL ACADEMY

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.