

# VENOUS SYMPOSIUM 2019 - REGISTRATION

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

MD  DO  PhD  PA  NP  LPN  RN  RVT  RDMS  Other: \_\_\_\_\_

Preferred Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Medical Center/Hospital/Company: \_\_\_\_\_

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 February 2	Regular Registration February 3 to April 13
Physician	<input type="checkbox"/> \$975	<input type="checkbox"/> \$1,075
Fellow/Resident *	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650
Allied Health Professional	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650
Industry Professional/Non-clinical	<input type="checkbox"/> \$975	<input type="checkbox"/> \$1,075

*\* A letter from fellowship director on an institutional letter, that confirms the fellowship status, is required to qualify for the lower rate. Please fax letter to 305-279-8221 or email to [registration@ccmcme.com](mailto:registration@ccmcme.com)*

## SPECIALTY/REGISTRATION TYPE (Please select only one)

PHYSICIAN	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"/> Licensed Practical Nurse <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 April 13, at 5:45 a.m. -  1 RSVP  2 RSVP**

## DEMOGRAPHIC INFORMATION

**What contributed most to your decision to register?**

- |  |   |
|--|---|
| <input type="checkbox"/> Facebook                    | <input type="checkbox"/> Course Director Invitation   |
| <input type="checkbox"/> Flyer at Other Meetings     | <input type="checkbox"/> While Onsite at VS9  |
| <input type="checkbox"/> Email/Electronic Newsletter | <input type="checkbox"/> Journal/Magazine Advertisement   |
| <input type="checkbox"/> Mailed Postcard/Brochure    | <input type="checkbox"/> Recommendation by Colleague or Friend                                  |
| <input type="checkbox"/> LinkedIn                    | <input type="checkbox"/> <a href="http://www.venous-symposium.org">www.venous-symposium.org</a> |
| <input type="checkbox"/> Online Advertisement        | <input type="checkbox"/> Recommendation by an Industry Representative                           |
| <input type="checkbox"/> Twitter                     | <input type="checkbox"/> Other: _____   |

**Age Group**

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

## PAYMENT INFORMATION

**Mail registration and check payable to:** Complete Conference Management, 8333 NW 53<sup>rd</sup> Street, #450, Doral, FL 33166.  
 Alternatively, register online at [www.venous-symposium.org](http://www.venous-symposium.org)

**Cancellation requests received in writing on or before March 15, 2019, will be refunded, less a \$75 administrative fee.  
 Cancellations received after March 15, 2019, will not be refunded.**



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.