



PRE-REGISTRATION FORM
24th Annual Meeting • SEPTEMBER 19-22, 2009
The Loews Ventana Canyon Resort ~ Tucson, AZ

IF NOT REGISTERING ON-LINE, PLEASE RETURN THIS FORM WITH PAYMENT NO LATER THAN SEPTEMBER 4, 2009
 NO REFUNDS AFTER SEPTEMBER 11, 2009

Western Vascular Society Administrative Office
 19 North Street, Salem, MA 01970 Tel: 978-745-8331 Fax: 978-745-8334

NAME: _____

INSTITUTION: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____

SPOUSE/GUEST: (Only if registering) _____

MEETING REGISTRATION *(Includes Welcome Reception, Sunday Dinner, President's Reception/Dinner, Continental Breakfasts and Refreshment Breaks - all fees are quoted in U.S. funds)*

WVS Member	\$325	_____
Invited Guest Physician	\$375	_____
Resident/Fellow	\$175	_____
Spouse or Guest of Member/Guest Physician	\$250	_____
Spouse or Guest of Resident/Fellow	\$175	_____
Children (Under 18)	\$ 50	_____
Young Adults (18 and Over)	\$ 150	_____

___ I PLAN TO ATTEND THE RESIDENT FORUM No additional registration fee

OPTIONAL ACTIVITIES

___ Golf Tournament \$ 150.00 U.S.
Handicap: _____

___ Tennis Tournament \$ 40.00 U.S.
Level of Play: _____

PAYMENT: *Circle one:* Visa MasterCard American Express Check made out to Western Vascular Society

Card No. _____ Exp. _____

Name on Card: _____ Address on Card: _____

Signature: _____

TOTAL AMOUNT DUE/ENCLOSED \$ _____