

REGISTRATION

ENDOASCULAR SUMMIT 2011

San Juan, Puerto Rico December 9-10, 2011

Refunds will be given if notification of cancellation is received in writing on or before November 30, 2011. Refunds are subject to a \$50 (USD) processing charge. No refund will be given to no-shows.

(Please print or type)

Full Name: _____ Designation/Degree: _____

Institution/Company: _____

Address: _____

City: _____ State: _____ Postal Code/Zip: _____

Country: _____ E-mail: _____

Phone: _____ Fax: _____

PRIMARY MEDICAL SPECIALTY/PROFESSION

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Vascular Surgery | <input type="checkbox"/> Thoracic Surgery | <input type="checkbox"/> Neurology | <input type="checkbox"/> Technician |
| <input type="checkbox"/> Interventional Cardiology | <input type="checkbox"/> Vascular Medicine | <input type="checkbox"/> Physician in Training | <input type="checkbox"/> Industry Professional (Specify) |
| <input type="checkbox"/> Interventional Radiology | <input type="checkbox"/> Engineer | <input type="checkbox"/> Nurse | <input type="checkbox"/> Other _____ |

REGISTRATION FEES (in USD)

- Physician (Non Member).....\$400
 Physician in Training* (Resident, Fellow, Medical Student)\$200

*Physician in Training rate must specify:

Name of Training Institution _____

Training Program Director Name _____

Dates of Training _____

- Nurse\$225
 Technologist.....\$275
 Industry/Engineer\$275

* Verification required

Current Members:

- ISES\$200
 Endorsing Societies*\$250

* Must specify name of Society organization(s) _____

Special Rate: Register and Join ISES and Save!

Physician:
Join ISES and Register for EVS (regularly \$725)\$600

Physician Member of Endorsing Society:
Join ISES and Register for EVS\$500

Amount Enclosed: \$ _____

PAYMENT INFORMATION

- Registration must be received on or before November 30, 2011 after which on-site registration will be required.
- Please make US bank drawn checks payable to International Society of Endovascular Specialists (ISES) (Tax ID # 86-0725367)

- Check Visa MasterCard American Express Discover Card Diners Card Send wire transfer instructions

(Please print or type)

Name as it Appears on Card: _____

Card Number: _____ Postal/Zip Code for Card: _____

Expiration Date: _____ Verification Code: _____

Authorized Signature: _____ Date: _____

CONFIDENTIALITY AGREEMENT (must be completed by all registrants)

The undersigned, as a registrant, faculty member, or program director for the ENDOASCULAR SUMMIT 2011 in San Juan, Puerto Rico December 9-10, 2011, understand that the discussions and materials presented at the meeting are confidential and are intended only for the purposes of peer review and in furtherance of the exchange of information for the improvement of patient care and the reduction of complications. In consideration of my participation in the SUMMIT, I hereby agree to hold in trust and strictest confidence and will not disclose, use, reproduce, publish, distribute, or otherwise disseminate any and all discussions and materials from the SUMMIT outside the SUMMIT and its participants. I further agree not to become involved as a plaintiff's expert in any civil or criminal action involving medical care or treatment that is the subject of critical disclosure during the course of the SUMMIT.

Signature _____ Date _____

THREE EASY WAYS TO REGISTER

MAIL

International Society of
Endovascular Specialists (ISES)
1928 East Highland Avenue
Suite F104-605
Phoenix, Arizona 85016 USA

FAX 1-602-266-6018



ONLINE

www.adriatic-vascular-summit.org

FOR FURTHER ASSISTANCE

EMAIL

admin@isesonline.org

PHONE

1-602-650-1334
1-602-266-6018 (Fax)

