



The Southern Association For Vascular Surgery
40th Annual Meeting • January 20-23, 2016
The Ritz Carlton, Cancun • Cancun, Mexico

REGISTRATION FORM

Name: _____
 Hospital/Affiliation: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Country: _____ Telephone: _____ Fax: _____
 Email: _____
 Spouse/Guest (registration fee required) _____
 Spouse/Guest Email (for area information) _____

Meeting Registration	On or Before 11/17/2015	Beginning 11/18/2015	
SAVS Member	\$475	\$600	\$
SAVS Candidate Member	\$325	\$500	\$
*Invited Guest Physician	\$525	\$650	\$
Non-Member Presenting Author			Complimentary
Resident	\$275	\$400	\$
Allied Health	\$275	\$400	\$
Spouses/Guests	\$150	\$150	\$
Mock Oral Exam Registration**	FIRM DEADLINE: Wednesday, December 9 (no exceptions)		
Candidate Member	Included in Registration Fee		
Non-Member	Included in Registration Fee		
Social Function Fee			
5K Run - Thursday, January 21	\$20	\$20	\$
Women's Tennis, Open Play - Thursday, January 21	\$10	\$10	\$
Men's Tennis, Open Play - Friday, January 22	\$10	\$10	\$
Golf Tournament - Friday, January 22	\$225	\$225	\$
TOTAL AMOUNT ENCLOSED			\$
* Invited Guest of: (name of Sponsoring Member)			

I/We will participate in the following (included with meeting registration):		
# Of People		
Postgraduate Course	Wednesday, January 20	

****MOCK ORAL EXAM REGISTRATION**
 Meeting registration is required. In order to be eligible for the Gore sponsored scholarship, meeting attendance is required unless excused by a letter from the examinee's Program Director.

If you have a disability which requires special needs or accommodations, please check here and you will be contacted by the SAVS.

Please charge my registration fees to the following credit card, or see the enclosed check:

MasterCard Visa American Express Check (Enclosed)

Name As It Appears on Credit Card: _____

Billing Address of Card Holder: Same as Above or:

Street: _____ City: _____ State: _____ Zip: _____

Credit Card #: _____ Exp. Date: _____ Security Code: _____ (See card images)

Signature: _____



All requests for cancellations must be received in writing. If a cancellation is received at the Association's Administrative Office prior to December 17, 2015 registration fee, less a \$50.00 administrative fee, will be refunded after the meeting. Refund requests received after December 17, 2015 will not be honored unless a special request is forwarded to the Secretary/Treasurer.