



The Southern Association For Vascular Surgery
41st Annual Meeting • January 18-21, 2017
Naples Grande • Naples, Florida

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 11/15/2016	Beginning 11/16/2016	
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 7 (no exceptions)			
Candidate Member	Included in Registration Fee		
Non-Member	Included in Registration Fee		
Social Function Fee			
5K Run - Thursday, January 19	\$20	\$20	\$
Women's Tennis, Open Play - Thursday, January 19	\$10	\$10	\$
Sporting Clays - Thursday, January 19	\$130	\$130	\$
Men's Tennis, Open Play - Friday, January 20	\$10	\$10	\$
Golf Tournament - Friday, January 20	\$260	\$260	\$
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 18

****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 15, 2016 registration fee, less a \$50.00 administrative fee, will be refunded after the meeting. Refund requests received after December 15, 2016 will not be honored unless a special request is forwarded to the Secretary/Treasurer.