

**MOCK ORAL BOARD EXAMINATION SECONDARY REGISTRATION FORM**  
**FIRM DEADLINE: Wednesday, December 6 (if not sold out)**

To register for the Mock Oral Examinations and to be eligible for the Gore sponsored scholarship, you must complete the following:

- 1- **Register for the Annual Meeting.** Meeting registration (under separate subscription) is required unless excused by a letter from your Program Director.
- 2- Complete this form and return via fax to 978-524-0461. All fields below are REQUIRED to finalize your registration.

**ATTENDEE INFORMATION** *(please print)*

**Name** \_\_\_\_\_ **Hospital/Affiliation** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**State/Province** \_\_\_\_\_ **Country** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Email Address** *(required for confirmation)* \_\_\_\_\_

**VASCULAR SURGERY PROGRAM INFORMATION**

**Program** \_\_\_\_\_ **Year in Residency** \_\_\_\_\_

**Program Director** \_\_\_\_\_ **Program Director's Email** \_\_\_\_\_

**Department Chair** \_\_\_\_\_ **Department Chair's Email** \_\_\_\_\_

**State/Province** \_\_\_\_\_ **Country** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**General Surgery Program** \_\_\_\_\_

**SCHOLARSHIP REIMBURSEMENT**

Check should be made payable to:  Program  Yourself