



The Southern Association For Vascular Surgery  
 44<sup>th</sup> Annual Meeting • January 8-11, 2020  
 The Breakers • Palm Beach, 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 11/18/2019	Beginning 11/19/2019	
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	\$
<b>Mock Oral Exam Registration**</b>			
<b>FIRM DEADLINE: Thursday, October 31, 2019 (no exceptions)</b>			
Candidate Member			Included in Registration Fee
Non-Member			Included in Registration Fee
<b>Social Function Fee</b>			
5K Run - Thursday, January 9	\$20	\$20	\$
Women's Tennis, Open Play - Thursday, January 9	\$10	\$10	\$
Men's Tennis, Open Play - Friday, January 10	\$10	\$10	\$
Golf Tournament - Friday, January 10	\$325	\$325	\$
<b>TOTAL AMOUNT ENCLOSED</b>			\$
* Invited Guest of: <i>(name of Sponsoring Member)</i>			

I/We will participate in the following (included with meeting registration):	
# Of People	
Postgraduate Course	Wednesday, January 8

**\*\*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: \_\_\_\_\_ CVV: \_\_\_\_\_ (See image)

Signature: \_\_\_\_\_



*All requests for cancellations must be received in writing. If a cancellation is received at the Association's Administrative Office prior to Tuesday, December 17, 2019 registration fee, less a \$50.00 administrative fee, will be refunded after the meeting. Refund requests received after December 17, 2019 will not be honored unless a special request is forwarded to the Secretary/Treasurer.*