



**The Southern Association For Vascular Surgery
34th Annual Meeting
January 20-23, 2010
The Atlantis Resort – Paradise Island, Bahamas**

REGISTRATION FORM

A Valid Passport will be required to travel to the Atlantis Resort on Paradise Island, Bahamas

Name: _____

Hospital/Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Telephone: () _____ Fax: () _____

E-Mail: _____

Spouse/Guest (*Registration Fee Required*): _____

| | Before 12/14/2009 | Beginning 12/14/2009 | |
|---------------------------------------|----------------------|------------------------------|----------|
| A. _____ SAVS Member | \$425 | \$475 | \$ _____ |
| B. _____ SAVS Candidate Member | \$275 | \$325 | \$ _____ |
| C. _____ *Invited Guest Physician | \$475 | \$525 | \$ _____ |
| D. _____ Non-Member Presenting Author | Complimentary | Complimentary | _____ |
| E. _____ Resident | \$275 | \$325 | \$ _____ |
| F. _____ Allied Health | \$275 | \$325 | \$ _____ |
| 1. _____ Spouses/Guests | \$275 | \$325 | \$ _____ |
| | | TOTAL AMOUNT ENCLOSED | \$ _____ |

*Invited Guest of: _____
Name of Sponsoring Member

I/We will participate in the following (*included in registration fee*).

- | | | |
|------------------------------|---------------------|----------------------|
| # Of People | | |
| 2. _____ Postgraduate Course | | Wednesday, 1/20/2010 |
| 3. _____ Women's Tennis | Level of Play _____ | Thursday, 1/21/2010 |
| 4. _____ 5K Run | | Thursday, 1/21/2010 |
| 5. _____ Men's Tennis | Level of Play _____ | Friday, 1/22/2010 |
| 6. _____ Golf Tournament | Handicap _____ | Friday, 1/22/2010 |

If you have a disability which requires special needs or accommodations, please check here and you will be contacted by the Association's Administrative Offices.

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 _____

City: _____ State: _____ Zip: _____

Credit Card #: _____ Exp. Date: _____

Security Code: _____ (See card images below) Where is your Card Security Code? Your credit card's security code is a 3- or 4- digit number located on its front or back of your credit card.



Signature: _____

All requests for cancellations must be received in writing. If a cancellation is received at the Association's Administrative Office prior to Monday, December 14, 2009 registration fee, less a \$50.00 administrative fee, will be refunded after the meeting. Refund requests received after Monday, December 14, 2009 will not be honored unless a special request is forwarded to the Secretary/Treasurer.



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www.savs.vascularweb.org