

Registration Form

Registered Physician in Vascular Interpretation Exam Review Course
September 22-24, 2006 | Marriott Dallas/Fort Worth Airport North

Registration is a prerequisite for admission to this course. All registrations must be prepaid by credit card or a check (drawn on a US bank, net of all bank charges). Please complete this registration form (or a photocopy) for each participant and mail to SVU, PO Box 75491, Baltimore, MD 21275-5491, or FAX to SVU at 301-459-5651 (credit card payments only).

1 Select and circle appropriate fee:

Fee includes admission to the 2½ -day course, the course syllabus, a complimentary CD of case studies, three continental breakfasts, a reception on Friday, lunch on Friday and Saturday, and morning and afternoon breaks each day.

	SVU/SVS Members	Not Yet a Member*	Fellows**
Before Sept. 7, 2006	\$595.00	\$745.00	\$365.00
After Sept. 7, 2006	\$695.00	\$845.00	\$465.00

* **SVU Membership:** YES, I want to join SVU and save \$150 on the course tuition. I agree to pay the SVU member rate for this course, plus an additional \$110 for the 2007 SVU membership dues, with membership effective December 1, 2006. Total amount: \$ _____

** Fellows rate is for those physicians training in vascular ultrasound at an accredited hospital.

Hotel Reservation: Make your room reservation by calling the Marriott Reservations directly at 800-228-9290 or 972-929-8800. The SVU/SVS room rate cut-off date is September 7, 2006. When registering please tell them you are attending the SVU/SVS RPVI Exam Review Course.

Confirmation: Written confirmation will be issued once paid registration is received.

Cancellations & Refunds: All requests for refunds and cancellations must be in writing and sent to the SVU national office. Refund requests received before

2 Indicate payment method (All registrations must be prepaid):

Check (in US funds, drawn on an US bank, net of all bank charges)
 Charge: MasterCard VISA AmEx Amount \$ _____
Account No. _____ Exp. Date _____
Signature _____

3 Please print or type:

Name _____ Credential(s) _____
Company _____
Address _____
City/State/Zip _____
Daytime Phone (required for charges) _____
Fax _____ E-mail _____
 Special needs due to disability or special meal request:

NOTE: Be aware of the following upcoming ICAVL accreditation deadlines for your CMEs: 12/1/06, 3/1/07, 6/1/07 and 9/1/07.

September 7, 2006 are subject to a \$60 cancellation fee. No refunds after September 7, 2006, only a credit will be given for a future SVU/SVS RPVI Exam Review Course or a future SVU Vascular Ultrasound Interpretation Course within 1 year from the date of the original course.

Substitutions: If a registrant is unable to attend, substitutions are welcome and can be made at anytime, including at on-site registration.

Questions? Call the SVU national office at 800-788-8346 or 301-459-7550.