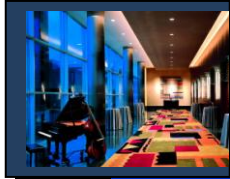


DV
VS



Delaware Valley Vascular Society

Annual Dinner Meeting

Thursday, October 22, 2009

The Loews Philadelphia Hotel ~ Philadelphia, PA

5:30 p.m. Registration and Welcome Reception

6:00 p.m. PRESENTATION
"Carotid Occlusion and Dissection: Novel Techniques For
Revascularization"

Robert H. Rosenwasser, M.D., F.A.C.S., F.A.H.A.
Professor and Chairman of Neurological Surgery
Professor of Radiology
Neurovascular Surgery, Interventional Neuroradiology
Thomas Jefferson University
Jefferson Hospital for Neuroscience
Philadelphia, PA

6:45 p.m. DINNER AND CASE PRESENTATIONS



Medtronic

*The Delaware Valley Vascular Society would like to thank
Medtronic Cardiovascular for sponsoring the 2009 Annual Dinner Meeting*

Meeting Location:

Loews Philadelphia Hotel
1200 Market Street
Philadelphia, Pennsylvania 19107
Phone: (215) 627-1200 - Fax: (215) 231-7305

Directions:

The Hotel is located Directly across from the Pennsylvania Convention Center.
For Directions:
<http://www.loewshotels.com/en/Hotels/PhiladelphiaHotel/LocationInfo/Directions.aspx>

Registration Fees:

● \$40.00 for Society Members ● \$45.00 for Non-Member Physicians
● \$25.00 for Allied Health Professionals ● Surgical Residents/Medical Students (N/C)

CASE PRESENTATIONS

The Society is soliciting four to five (4 or 5) Case Presentations in association with the dinner meeting. Any clinical topic is appropriate for the presentation. They may be given by a resident, fellow, or other member of the Society. These clinical case presentations should be brief, no more than eight minutes long, to allow approximately seven minutes for questions and discussion. Computer projection for PowerPoint will be available.

In order to better organize the order and number of presentations, please send an abstract or information about the Case to James Elmore, MD, Chair, Program Committee, DVVS - dvvs@bostonbased.com Include the title of the presentation and the name of the person that will be presenting. Do NOT attach graphics or other tables with the brief abstract.

DEADLINE FOR CASE SUBMISSION: Monday, October 19, 2009
James Elmore, MD, Chair, DVVS Program Committee ~ Email: dvvs@bostonbased.com



Delaware Valley Vascular Society
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REGISTRATION FORM

Name: _____

Institution/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone # _____ Fax# _____ Email: _____

- Registration Fee:
- \$40 Members
 - \$45 Non-Members
 - \$25 Allied Health Professionals
 - Students/Residents (N/C)

 - Total Enclosed: \$ _____

Form of Payment (check one): Check # _____ Cash \$ _____

Return registration by Monday, October 19, 2009 to:

Delaware Valley Vascular Society
19 North Street, Salem, MA 01970
978-745-8331 ~ Fax: 978-745-8334
dvvs@bostonbased.com

Payment: Only checks payable to the Delaware Valley Vascular Society will be accepted as form of payment for pre-registration. The Society regrets that it cannot accept credit cards at this time. Onsite registration will be available and checks and cash will be accepted as forms of payment on site.

ADA Compliance: In compliance with the Americans with Disabilities Act, we will make every reasonable effort to accommodate persons with disabilities or requiring special services. Please contact the Society with any special dietary requests.