

DV
VS



Delaware Valley Vascular Society

Annual Dinner Meeting

Thursday, October 22, 2009

The Loews Philadelphia Hotel ~ Philadelphia, PA

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.