



Canadian Society for Vascular Surgery
Société canadienne de chirurgie vasculaire

CSVS Annual Meeting
September 25-26, 2009 – Fairmont Chateau Laurier, Ottawa, ON

REGISTRATION - Please type your information below

DR MR MRS MS NAME: _____

ADDRESS: _____

CITY/PROV: _____ POSTAL CODE: _____

EMAIL (required): _____ TEL: _____ FAX: _____

INSTITUTION: _____

GUEST(S) NAME(S): _____

PLEASE INDICATE IF YOU: Have special needs - If so, please specify: _____ Delegate Guest

Require a vegetarian meal Delegate Guest

Have food allergies -If so, please specify: _____ Delegate Guest

IN CASE OF AN EMERGENCY *If you would like us to contact someone on your behalf, please provide the following:*

NAME: _____ DAY TEL: _____ EVENING TEL: _____

REGISTRATION FEES	By Aug. 15, 2009	After Aug. 15, 2009	
Members	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	\$
Trainees, Residents, Candidate Member/Fellow	<input type="checkbox"/> No charge for meeting		
Senior Members	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	\$
Non-Members	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	\$
Nurses	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	\$

EVENTS

Annual dinner (off-site) <i>(in addition to registration fees)</i>	<input type="checkbox"/> \$150 per ticket	# of tickets ____	\$
Choice of Entrée: Beef ____ Salmon ____			
Annual General Meeting - Members only (over lunch)	Friday	<input type="checkbox"/> Yes <input type="checkbox"/> No	Included
TOTAL			\$

METHODS OF PAYMENT - Payment accepted by cheque, Visa, MasterCard

Cheque enclosed with registration form (payable to Canadian Society for Vascular Surgery)

Visa MasterCard Card No.: _____/_____/_____/_____ Expiry Date: ____/_____
(For one time use only)

Cardholder Name: _____

Cardholder Signature: _____ Date: _____

For payment by credit card, please note that the charge on your statement will show billing from "The Royal College - in Trust"

PLEASE ALLOW 2-4 WEEKS FOR PROCESSING. **CONFIRMATION RECEIPTS WILL BE DISTRIBUTED ON-SITE.**

CANCELLATION POLICY	PERSONAL DATA
Registration cancellation must be received in writing to the CSVS office on or before September 1, 2009 . An administration charge of \$50 will apply to all refunds. NO REFUNDS WILL BE PROVIDED AFTER SEPTEMBER 1, 2009	Personal data provided on the registration form may be disclosed for commercial purposes. <input type="checkbox"/> PLEASE CHECK THIS BOX IF YOU <u>DO NOT</u> WISH YOUR NAME AND INFORMATION TO BE DISCLOSED.

PLEASE FORWARD REGISTRATION AND PAYMENT TO:

CANADIAN SOCIETY FOR VASCULAR SURGERY (CSVS)
774 Echo Drive, Ottawa, ON K1S 5N8
Tel: 613-730-6263 Fax: 613-730-1116
Email: csvs@rcpsc.edu website: <http://csvs.vascularweb.org>

