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 — CORPORATE

☐ DR ☐ MR ☐ MRS ☐ MS **NAME:** _____

ADDRESS: _____

CITY/PROV: _____ **POSTAL CODE:** _____

EMAIL (required)**:** _____ **TEL:** _____

COMPANY: _____ **FAX:** _____

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

☐ **Require a vegetarian meal**

☐ **Have food allergies -If so, please specify:** _____

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**	
Complimentary Registration with Sponsorship *	◯ **$0**	◯ **$0**	
Additional Representative	◯ **$100**	◯ **$100**	$
EVENTS			
Annual Dinner with Sponsorship * (off-site)	◯ **$0**	◯ **$0**	
		Choice of Entrée: Beef ____ Salmon ____	
Annual Dinner – Additional Representative	◯ **$150 per ticket**	**# of tickets** ___	$
		TOTAL	$

You are entitled to TWO complimentary tickets with Silver or Gold Sponsorship, please complete ONE form PER representative

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. ☐ **PLEASE CHECK THIS BOX IF YOU DO NOT 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