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**2016 Annual Symposium Registration Form**

 *On-line registration available at:* [*www.scvs.org*](http://www.scvs.org)

**PLEASE PRINT OR TYPE INT OR TYPE**

**NAME:** **DEGREE:**

**NPI #:**

**INSTITUTION:**

**ADDRESS:**

**CITY:**       **STATE/PROVINCE:**       **ZIP:**       **COUNTRY:**

**PHONE:**       **FAX:**       **EMAIL:**

 **NAME OF SPOUSE / GUEST** *(only if registering):*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ATTENDEE FEES** | **EARLY BIRD *(Through Feb. 14, 2015)*** | **REGULAR FEE*****(Beginning Feb. 15, 2015)*** | **ONSITE FEE** | **QUANTITY** |
| SCVS Member | $350 | $400 | $450 |       |
| SCVS Candidate Member | $150 | $200 | $250 |       |
| Guest Physician | $500 | $550 | $600 |       |
| Resident/Fellow\* | $150 | $200 | $250 |       |
| Allied Health Professional | $250 | $250 | $300 |       |
| Spouse/Guest\*\* | $175 | $200 | $200 |       |

*\*With letter from Chief of Service*

*\*\*Includes Welcome Reception, Annual Banquet & Continental Breakfasts*

**OPTIONAL SOCIAL ACTIVITIES/ADDITIONAL TICKETS**

**ANNUAL BANQUET,** Tuesday, March 15, 2015 **Adult (16+) $100** **$      Child (5-15) $50** **$**

**TOTAL FEES DUE $**

**PAYMENT METHOD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_**


Fees payable via MasterCard, Visa, American Express or check drawn on a US bank.

[ ]  [ ]  [ ]  □ [ ]  **Check Enclosed**

 Please make checks payable to SCVS

Security Code:       *(See card images above)*

**CREDIT CARD NUMBER:**       **EXPIRATION DATE:**       /

 **Billing ADDRES****S:**

(If not the same as address listed above)

 **SIGNATURE:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
I authorize SCVS to charge my credit card the above fees.

### **CANCELLATION POLICY:** Cancellations cannot be made via the on-line website, but must be made in writing to the SCVS Administrative Offices. Direct your correspondence to: SCVS, 500 Cummings Center, Suite 4550, Beverly, MA 01915. **If written notice of cancellation is received at the SCVS Administrative Offices on or before March 4, 2016**, the registration fee, less a $50 USD administrative fee, will be refunded after the meeting. No refunds will be issued for cancellations received after March 4th. Fees cannot be reduced for partial attendance.