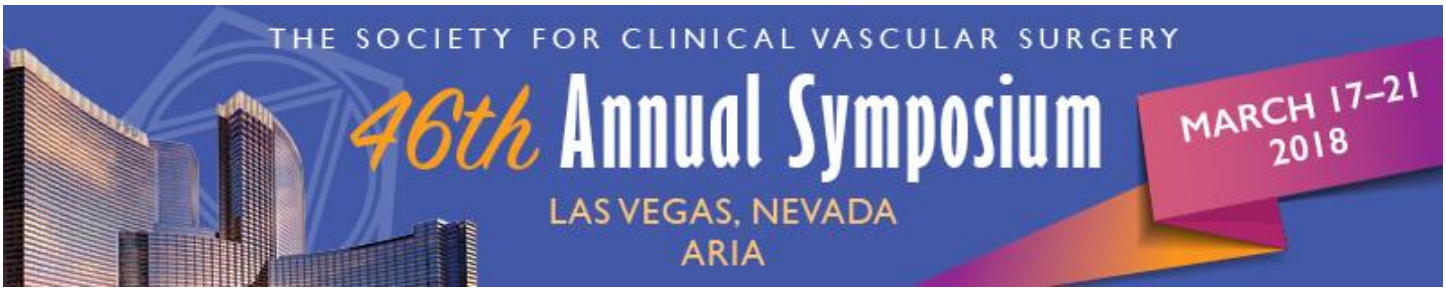

2018 Annual Symposium Registration Form

Online registration available at: www.scvs.org

PLEASE PRINT 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. 13, 2018)*	REGULAR FEE *(Beginning Feb. 14, 2018)*	ONSITE FEE	QUANTITY
SCVS Member	$375	$425	$475	
SCVS Candidate Member	$175	$225	$275	
Guest Physician	$525	$575	$625	
Resident/Fellow*	$175	$225	$275	
Allied Health Professional	$275	$325	$375	
Spouse/Guest**	$200	$250	$300	

**With letter from Chief of Service*
***Includes Welcome Reception, Annual Banquet & Continental Breakfasts*

ADDITIONAL TICKETS

ANNUAL BANQUET, Tuesday, March 20, 2018, 6:30 – 9:00 PM **Adult (21+) $150** **$**

TOTAL FEES DUE **$**

PAYMENT METHOD

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

☐ MasterCard ☐ VISA ☐ AMERICAN EXPRESS ☐ **Check Enclosed**
Please make checks payable to SCVS

Security Code: *(See card images above)*

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

BILLING ADDRESS:
(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 4400, Beverly, MA 01915. **If written notice of cancellation is received at the SCVS Administrative Offices on or before March 2, 2018**, 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 2nd. Fees cannot be reduced for partial attendance.