



MAILING LIST ORDER FORM

The final pre-registration list in (seeded) excel format is available on a one time, one use basis after **February 21, 2020**. The fee is \$100. The Final registration list is available approximately 2 weeks after the close of the meeting on **April 3rd**. The fee is \$100.00. Payment along with a copy of your mail piece must be included with order form and sent to:

Society for Clinical Vascular Surgery
 500 Cummings Center, Suite 4400
 Beverly, MA 01915
 Telephone: 978-927-8330
 Fax: 978-524-0461

- Pre registration list \$100.00
 - Final registration list \$100.00
- TOTAL CHARGE: _____

Company Name: _____ Contact name: _____

Telephone: _____ Email: _____

Payment Method:

Please note that as part of our compliance we can no longer accept credit card numbers via e-mail. This policy is designed to increase data security for cardholders and merchants. Emails received containing credit card information will be blocked. Please use the following methods of payment:

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 Check Enclosed AMOUNT: _____

Secure Fax: + 978.524.0461 This form must be faxed if credit card number is showing. DO NOT EMAIL.

Amount to be charged: \$ _____

Credit Card Number: _____ Exp. _____

Authorized Signature: _____ Date: _____

WIRE TRANSFER – Please call our offices at +978.927.8330 for wiring information.