

**Southern California Vascular Surgical Society 2008
26th Annual Meeting, May 2-4 2008
The Four Seasons, Westlake Village, CA**

REGISTRATION FORM

Name: _____

Institution/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone # _____ Fax# _____ Email: _____

REGISTRATION	Before April 25	After April 25 and On-Site
<input type="checkbox"/> Member	\$ 125.00	\$ 150.00
<input type="checkbox"/> Spouse / Guest *	\$ 75.00	\$ 100.00
<input type="checkbox"/> Guest Physician	\$ 150.00	\$ 175.00
<input type="checkbox"/> Retired Member	\$ 75.00	\$ 75.00
<input type="checkbox"/> Resident with letter from Program Director	N/C	N/C
<input type="checkbox"/> Resident's Spouse / Guest *	\$ 60.00	\$ 60.00

* Please provide full name of spouse or guest: _____

METHOD OF PAYMENT

Please make checks payable to the **Southern California Vascular Surgical Society**. The Society regrets that it cannot accept credit cards as a form of payment at this time.

Reception, Friday, May 2 Yes (Number attending _____) No

Coding Workshop and Tour, Saturday, May 3 Yes

Reception and Dinner, Saturday, May 3 Yes (Number attending _____) No

Return registration by Friday, April 25, 2008 to:

Southern California Vascular Surgical Society
19 North Street, Salem, MA 01970
Phone: 978-745-8331 Fax: 978-745-8334
Email: scvss@bostonbased.com ~ URL: <http://scvss.vasuclarweb.org>

SPECIAL NEEDS: If you require special accommodations or have any special dietary requirements, please contact the Society's Administrative Offices at 978-745-8331 or Email: dvvs@bostonbased.com