



REGISTRATION FORM

Vascular Access Society of the Americas

VASA 2018 Vascular Access for Hemodialysis Symposium

Date/Location: May 10-12, 2018, Roosevelt Hotel, New Orleans, Louisiana

Your full payment in advance completes your registration and ensures your enrollment in this course. Fee includes enrollment, continuing education credits, educational materials, continental breakfasts, refreshment breaks, boxed lunches.

- Physician \$849
- Allied Health \$249
- Resident/Fellow \$299
- Manufacturer \$1099
- Representative (Non-Exhibitor)
- Non-Physician Industry Representative \$999

TOTAL ENCLOSED \$ _____

**Return completed form along with payment to:
VASA**

446 East High Street, Suite 10
Lexington, KY 40507

Pre-registration is requested, as enrollment is limited.

Please make checks payable to the Vascular Access Society of the Americas (VASA). If paying by credit card, fax the completed form to 859-271-0607 or email to info@vasamd.org.

Company Information

Name

Organization Name

Address

City

State/Province

Zip

Country

Phone Number

Fax Number

Email Address

Specialty

Hospital Affiliation

Method of Payment

- ONLINE** Register at vasamd.org/events/vascular-access-symposium-2018
- MAIL** This completed form with your check payable to: VASA, 446 East High Street, Suite 10, Lexington, KY 40507
- FAX** This completed form with credit card information to Fax (859) 271-0607
- PHONE** Call (859) 977-7457 (Please have credit card information ready.)

Authorized Applicant Signature

Print Name

Date

Total Amount

Choose one: Check MC VISA AMEX Discover

Card Number

Expiration Date

Name of Cardholder (please print)

Signature of Cardholder

Cardholder Address (if different from above)