REGISTRATION FORM

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
- Allied Health (pre-conference session only) $50
- Resident/Fellow $299
- Manufacturer $1099
- Representative (Non-Exhibitor) $50
- Non-Physician Industry Representative $999
- Exhibitor $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.

Attendee 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/register2020
- 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)