

# Register

Name \_\_\_\_\_ Degree \_\_\_\_\_

Title \_\_\_\_\_

Street Address \_\_\_\_\_ Apt./Suite # \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State / Zip \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_

Specialty:  Vascular Surgery     Interventional Radiology     Cardiology  
 General Surgery     Cardiothoracic Surgery     Phlebology     Other \_\_\_\_\_

## REGISTRATION FEES\* (circle option below) \_\_\_\_\_

	Now – 12/31/18	1/1 – 4/24/19	Onsite	One Day Only
MD/DO	\$1050	\$1100	\$1150	\$450
RN/NP/Allied Health Professional	\$450	\$500	\$550	\$325
Industry Professional, Scientist, Engineer	\$1050	\$1100	\$1150	—
Student/Resident (proof required)	\$250	\$250	\$250	—
Fellow	\$525	\$525	\$525	—
Military	\$600	\$600	\$600	—
Companion Guest**	\$250	\$250	\$250	—
Reception Guest†	\$50	\$50	\$50	—

\* Registration Includes: Scientific sessions, course materials and access to presentations online post-con, exhibits, welcome reception, conference meals, symposia and workshops

\*\*Companion Registration Includes: Welcome reception, conference meals, exhibits

† Reception Guest Includes: Welcome reception

## METHOD OF PAYMENT

Check\*     Mastercard     Visa     American Express

\*made payable to Ciné-Med, Inc.

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV2 Code \_\_\_\_\_

Signature: \_\_\_\_\_

## CANCELLATION POLICY

If your registration must be cancelled, the course fee less \$150 administrative costs will be refunded if we are notified in writing by **March 7, 2019**. After **March 7, 2019**, no refunds will be given.

**ONLINE REGISTRATION AT: [www.IVCmiami.com](http://www.IVCmiami.com)**

**Mail to:** Ciné-Med, Inc.  
127 Main Street North  
PO Box 1007  
Woodbury, CT 06798

**TEL:** 203-263-0006  
**FAX:** 203-263-4839  
**Email:** [amarinelli@cine-med.net](mailto:amarinelli@cine-med.net)



You will receive registration confirmation via email.