

PERIPHERAL VASCULAR SURGERY SOCIETY
18th ANNUAL WINTER MEETING
FEBRUARY 1-3, 2008
SNOWMASS VILLAGE, COLORADO

PARTNER'S MEETING REGISTRATION FORM

Please type or print clearly.

List name as you would like it to appear on your badge.

ONE REGISTRATION FORM FOR EACH ON-SITE REPRESENTATIVE

NAME _____
 COMPANY _____
 ADDRESS _____

 PHONE _____ FAX _____
 EMAIL _____

Please check one of the following:

_____	On-Site Representative @ \$100.00 before 12/30/07; \$125 before 1/25/08; \$150 on-site	\$ _____
_____	Guests 13+ attending Reception/Dinner \$35 before 11/30/07; \$45 before 1/25/08; \$65 on-site	\$ _____
_____	Guests 7-12 attending Reception/Dinner \$15 before 11/30/07; \$25 before 1/25/08; \$45 on-site	\$ _____
_____	Guests 0-6 attending Reception/Dinner (no charge)	\$ n/a
_____	Guests 13+ attending Ski-in/Ski-out lunch \$15 before 11/30/07; \$25 before 1/25/08; \$45 after on-site	\$ _____
_____	Guests 7-12 attending Ski-in/Ski-out lunch \$10 before 11/30/07; \$20 before 1/25/08; \$35 after on-site	\$ _____
_____	Guests 0-6 attending Ski-in/Ski-out lunch (no charge)	\$ n/a

TOTAL AMOUNT ENCLOSED (not included in sponsorship) \$ _____

Will **you** attend the Society Reception/Dinner on Friday, 2/1/08 Yes _____ No _____

Will **you** attend the Ski-in/Ski-out lunch on Saturday, 2/2/08 Yes _____ No _____

Dietary restrictions? _____

Please make your check payable to the Peripheral Vascular Surgery Society.
 Mail with check or fax if paying by credit card to DMC, 824 Munras Avenue, Suite C, Monterey, CA 93940; Fax 831.373-0460

TOTAL AMOUNT enclosed or authorized to the credit card listed below: \$ _____
 Credit Card: Master Card Visa American Express
 Card Number _____ Expiration Date: _____

Name on Card: please print _____ Signature: _____

CANCELLATION POLICY

Cancellations received in writing by the Society office before January 2, 2008, will be refunded in full.
 After January 2, 2008, a \$25 administrative fee will be assessed.
 If you register, do not cancel and do not attend, you are still responsible for payment.