



## Ultrasound for Patients with Venous Disease – Advanced Skills Course Registration Form

March 23, 2012 \* San Francisco, CA  
Registration Deadline is March 9, 2012

Please **PRINT** or **TYPE** clearly. Your name should be printed as you would like it to appear on your badge. *Please duplicate this form if you are registering more than one person.*

NAME: \_\_\_\_\_ FIRST NAME FOR BADGE: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_ SPECIALTY: \_\_\_\_\_

COMPANY/INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_ Emergency Contact Relation \_\_\_\_\_

Member - \$495.00

Non-Member - \$695.00

*Payment must accompany registration form. Funds must be in U.S. dollars*

### INDICATE METHOD OF PAYMENT

**Check** Enclosed Made Payable to **AMERICAN COLLEGE OF PHLEBOLOGY**

**Credit Card:** Via fax to 510.346.6808 or mail. **COMPLETE INFORMATION BELOW:**

MC

Visa

AMEX

Discover

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

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

Billing Address if different from above: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CANCELLATION/REFUND POLICY:** Registration fees, less a \$75.00 administrative fee will be refunded upon written notice of cancellation to the College headquarters. In order to qualify for a refund of fees, your cancellation notice must be received no later than **Friday March 9, 2012**. There will be no refunds of fees for cancellations after that date.

### HOW DID YOU HEAR ABOUT THIS MEETING (Please check ALL that apply)?

Postcard Announcement (addressed to me)

Advertisement in *Phlebology* Journal

E-mail Announcement (addressed to me)

ACP Website (www.phlebology.org)

A Colleague, Friend or Business Contact

Another Website: Which one? \_\_\_\_\_

Advertisement in *Vein Magazine*

Any Other Way Not Mentioned: How? \_\_\_\_\_

Advertisement in CCI's *The Pulse*

**Mail or FAX completed form to: American College of Phlebology**

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