

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 - \$360.00

Non-Member - \$560.00

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

INDICATE METHOD OF PAYMENT

Check 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)

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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