



▪ MEETING REGISTRATION FORM ▪

REGISTRATION FEE INCLUDES: ALL SCIENTIFIC SESSIONS, THE WELCOME RECEPTION, ENTRANCE TO THE EXHIBIT HALL, CONTINENTAL BREAKFAST, COFFEE BREAKS AND THE PRESIDENT'S DINNER

Name

Institution

Address

City

State

Zip Code

Daytime Telephone

Fax

Email

Name of Spouse/Guest (if attending)

REGISTRATION CATEGORY (Please Indicate Below)

- RMVSS Member \$150.<sup>00</sup>
- Guest Physician \$200.<sup>00</sup>
- Spouse/Guest \$100.<sup>00</sup>
- Children N/C Please Indicate # Attending: \_\_\_\_\_

PAYMENT METHOD

- VISA       MasterCard       American Express       Check [Check #: \_\_\_\_\_]

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

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

Billing Address of Card: \_\_\_\_\_

Billing City & State: \_\_\_\_\_      Billing Zip Code: \_\_\_\_\_

Name On Card: \_\_\_\_\_

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

**PLEASE FAX COMPLETED FORM TO 978-744-5029.**