

Southern Association for Vascular Surgery
34th Annual Meeting
Atlantis ~ Paradise Island, Bahamas

**MOCK ORAL BOARD EXAMINATION
REGISTRATION FORM**

Deadline for Registration is December 1, 2009

Name: _____

Program: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

- I will be taking the Vascular Surgery Mock Oral Board Examination on Wednesday, January 20, 2010 and my fees are waived due to my being a Candidate Member of the SAVS.
- I will be taking the Vascular Surgery Mock Oral Board Examination on Wednesday, January 20, 2010 and have enclosed a registration fee of \$100.

Name As It Appears on Credit Card:

Billing Address of Card Holder: *Same as Above or*

City: _____ *State:* _____ *Zip:* _____

Credit Card #: _____

Expiration Date: _____ / _____ *Security Code:* _____

(See card images below) Where is your Card Security Code? Your credit card's security code is a 3- or 4- digit number located on its front or back of your credit card



Signature: _____

Please send this registration form along with your \$100 registration fee (if applicable) to:

SAVS
Attention: Keri Cloak
900 Cummings Center, 221-U
Beverly, MA 01915
Phone (978) 927-8330 ext. 545
Fax (978) 524-0498
E-mail: kcloak@prri.com