

**Program Directors/Fellows Fall Meeting
Beverly Hilton Hotel -September 4-5, 2008**

Registration is required for the three sessions (no fee involved).

Please make photocopies of this registration form if additional copies are needed for fellows.

REGISTRATION

I am a: Program Director Vascular Fellow

Name _____ Credentials MD DO

Title _____

Institution /Company _____

Address _____

City / State / ZIP _____

Phone _____ Fax _____

E-mail _____

Registration

Thursday, September 4

- 12:00 pm-1:30 pm – *Admittance by ticket only*
Vascular Laboratory Issues Interactive Luncheon Session (no fee involved)
- 7:00 pm-9:30 pm – *Admittance by ticket only*
Practice Management Interactive Dinner Session (no fee involved)

Friday, September 5

- 12:00 pm-1:30 pm – *Admittance by ticket only*
Carotid Stenting Interactive Luncheon Session (no fee involved)

Please fax form to Susan Burkhardt, APDVS Program Manager at 312/334-2320.