

# AORTIC SYMPOSIUM 2010

APRIL 29- 30, 2010  
SHERATON NEW YORK HOTEL AND TOWERS  
MEETING REGISTRATION FORM

Please Print Clearly Or Type

Name: \_\_\_\_\_

Hospital/Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## REGISTRATION FEES

	Before 3/26/10	Beginning 3/26/10	<u>Total</u>
_____ Physician	\$845	\$995	\$ _____
_____ Fellow	\$645	\$795	\$ _____
_____ Resident	\$645	\$795	\$ _____
_____ Allied Health	\$645	\$795	\$ _____
_____ Industry Professional	\$845	\$995	\$ _____
_____ Faculty/Staff of Westchester Medical Center			<i>Complimentary</i>
_____ Faculty/Staff of Mount Sinai Medical Center			<i>Complimentary</i>

Please contact me regarding special needs.

**TOTAL AMOUNT DUE:**

\$ \_\_\_\_\_

## METHOD OF PAYMENT

Please charge my registration fees to the following credit card:

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: \_\_\_\_\_



I would like to pay by check (enclosed).

**Please make checks (in U.S. funds) payable to:**  
**AATS / Aortic Symposium 2010 ♦ 900 Cummings Center ♦ Suite 221-U ♦ Beverly, Massachusetts 01915**  
**Phone: 978-927-8330 ♦ Fax: 978-524-0461 ♦ www.aats.org/aortic**

*All requests for cancellations must be received in writing by Friday, March 26, 2010.*  
*The registration fee, less a \$100.00 administrative fee, will be refunded after the meeting.*  
*Requests received after this date will not be honored unless a special request is forwarded to the AATS Secretary.*