

REGISTRATION FORM

Venous Symposium

March 27, 2010

Islandia Marriott

REGISTRATION FEE SCHEDULE:

(Includes lecture, meals and materials)
(BEFORE 2/15/2010)

(AFTER 2/15/2010)

MD: \$ 175.00 \$ 195.00

NP/PA: \$ 130.00 \$ 150.00

RN, RVT, Residents: \$ 75.00 \$ 95.00

NAME _____

ADDRESS (Office) _____

PHONE (Office) () _____ FAX () _____

E-MAIL _____

ADDRESS (Home) _____

PHONE (Home) () _____

PHYSICIAN: SPECIALTY _____

RESIDENT: SPECIALTY _____

OTHER HEALTH PROFESSIONAL: (field) _____

MAKE CHECK PAYABLE TO: Stony Brook School of Medicine, OCME/Venous

MAIL CHECK TO: Dorothy S. Lane, M.D.

Associate Dean for CME

Stony Brook University

School of Medicine HSC, 2L

Stony Brook, NY 11794-8222

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