



AUGUST 18-21 | Plenary Sessions begin Wednesday, August 18

MEETING REGISTRATION FORM

REGISTER THREE WAYS: **ONLINE:** VSweb.org/VAM2021 / **FAX:** 708-344-4444 / **MAIL:** 2601 Navistar Drive, Lisle, IL 60532

PART 1 REGISTRANT INFORMATION

FIRST NAME	M.I.	LAST NAME	CREDENTIALS	
NICKNAME FOR BADGE (IF BLANK, YOUR FIRST NAME WILL BE USED)		EMAIL ADDRESS (REQUIRED FOR CME CERTIFICATE)		
INSTITUTION/ORGANIZATION		DEPARTMENT/SUITE		
ADDRESS	CITY	STATE	COUNTRY	ZIP/POSTAL CODE
BUSINESS PHONE		MOBILE NUMBER (REQUIRED FOR COVID CONTACT TRACING)		

- Please check here if you do not want your telephone number or email address shared with SVS exhibitors.
 Please check here if you do not want to receive meeting updates via text message.

Disability Accommodations: Pursuant to the Americans with Disabilities Act, I require specific aids or services during the meeting:

- Audio Visual Mobility (16)

PART 2 DEMOGRAPHIC INFORMATION *(Physicians only)*

- Please select your length of time in practice since completing fellowship/residency training: (01)
 1–5 yrs. 6–10 yrs. 11–20 yrs. 21–30 yrs. 30+ yrs.
- Please select your practice setting: (02)
 Academic Hospital-employed
 Private Practice/Teaching Program
 Private Practice/No resident/fellow interaction
 Retired
 Other (please specify): _____
- Please select your type of practice: (03)
 Hospital-employed Solo Single specialty group
 Multi-specialty group Retired
 Other (please specify): _____
- Please select if the following titles apply to you: (04)
 Department/Division Chief Chief, Vascular Surgery
 Program Director
 Other (please specify): _____
- What percent of your time is spent in (please select):
Practice (05) (A) 1–25% (B) 26–50%
 (C) 51%–75% (D) 76%+ (E) None
Teaching (06) (A) 1–25% (B) 26–50%
 (C) 51%–75% (D) 76%+ (E) None
Administration (07) (A) 1–25% (B) 26–50%
 (C) 51%–75% (D) 76%+ (E) None
- What is your role in purchasing products and services for your organization: (08)
 (A) I make purchasing decisions
 (B) I recommend products and services
 (C) I am not involved in purchasing decisions
- What is your annual expenditure budget for medical devices, equipment and supplies?
Devices (09): (A) \$0–\$100K (B) \$100,001–\$500K
 (C) \$500,001–\$1M (D) \$1M+ (E) n/a
Equipment (10): (A) \$0–\$100K (B) \$100,001–\$500K
 (C) \$500,001–\$1M (D) \$1M+ (E) n/a
Supplies (11): (A) \$0–\$100K (B) \$100,001–\$500K
 (C) \$500,001–\$1M (D) \$1M+ (E) n/a
- Are you actively involved in the management of a vascular lab? (12) YES NO
- Which item(s) do you purchase or recommend for purchase for your organization? Please check all that apply: (13)
 Medical Devices Medical Equipment
 Surgical and wound care supplies Software/Database
 Testing Services Other: _____ n/a
- Which types of medications do you frequently prescribe? Please check all that apply: (14)
 Anti-coagulant Statins Other cholesterol agents
 Anti-Platelets Lytics Anti-hypertensive
 Beta Blockers Cilostazol Pentoxifylline n/a
- Would you be interested in serving as a mentor for residents and students? (15) YES NO

Last Name _____

IF FAXING, PLEASE BE SURE TO FAX ALL SEVEN PAGES.

PART 3 COVID-19 RELEASE AND WAIVER

Each live, in-person meeting applicant must complete and sign the COVID-19 release and waiver before a registration can be confirmed.

Assumption of Risk and Waiver of Claims

The Society for Vascular Surgery ("SVS") is holding the Vascular Annual Meeting on August 18-21 at the San Diego Convention Center in San Diego, CA ("Venue"). Attendees have the choice to attend the VAM either in-person or through an online format. Those choosing to attend VAM in-person must agree to the terms of this Assumption of Risk and Waiver of Claims ("Waiver").

By signing this Waiver, the undersigned ("I" or "you") acknowledge that you have made the decision to attend VAM in-person with the full understanding of the inherent risks of such decision and acknowledge and agree as follows:

- COVID-19 is an ongoing extremely contagious worldwide pandemic;
- Infection with COVID-19 infection can result from close proximity to others, person-to-person contact, exposure to droplets/aerosols released by other attendees as a result of breathing, coughing, talking and normal interaction as well as by touching surfaces;
- By traveling to and/or attending the Event, I risk becoming exposed to or infected with COVID-19 as a result of my actions, omissions, or negligence, or those of other attendees or participants, including without limitation, SVS's officers, directors, employees, agents, members or exhibitors.
- Contracting COVID-19 can result in personal injury, illness, permanent disability, and death, and persons with underlying medical conditions or who are over the age of 65 are considered to be at "high risk" and particularly susceptible to developing severe illness from COVID-19;
- SVS cannot guarantee that I will not become infected with COVID-19 during VAM21;
- Attending VAM could increase my risk of contracting COVID-19; and
- SVS is not responsible for the Venue's COVID-19 mitigation efforts (or lack thereof) or any negligence by the Venue or its staff relative to such precautions.

To help minimize the potential for COVID-19 transmission, everyone attending VAM will be required to review and complete a COVID-19 SELF-SCREENING QUESTIONNAIRE AND DECLARATION on site in order to obtain a meeting badge.

I acknowledge and agree that it is my obligation to follow all recommended health and safety measures while attending VAM, including but not limited to:

- (i) Avoid person-to-person contact such as handshakes, high-fives, hugs or kisses;
- (ii) Maintain a minimum distance of six feet from others in order to allow for "social distancing;"
- (iii) Wear a face mask or covering, especially whenever social distancing cannot be maintained; and
- (iv) Wash hands frequently throughout the day for at least 20 seconds or use hand sanitizer if hand washing is not readily available.

I acknowledge and agree that I am attending VAM voluntarily, and at my own risk. I hereby release, for myself, my heirs, assigns, personal representatives and next of kin, and do forever discharge, covenant not to sue, indemnify and hold harmless SVS, its directors, officers, agents, employees, members, and representatives, of and from any and all claims, liabilities, actions, damages, costs or expenses of any kind arising out of, in connection with, or relating to my attending or participating in VAM including, without limitation, any illness, damages, or injury whatsoever resulting from my attendance at VAM, participation in events related to VAM, exposure to an infectious disease (including COVID-19) or the manner in which VAM or its related events and activities are conducted (collectively, "Claims"). I understand and agree that this Waiver includes any Claims based on the actions, errors, omissions, or negligence of SVS, its directors, officers, agents, employees, members, and representatives, whether a condition giving rise to any Claims occurred before, during, or after I attended or participated in VAM.

I understand that SVS is under no obligation to provide support or safety during VAM or medical aid in case of accident or illness. However, should an accident or illness occur, I give SVS (or its representatives or staff) permission to seek immediate medical aid, and I further agree to hold harmless SVS and its respective officers, directors, members, staff and representatives from any liability for illness, death, injury, loss or damage related in any way to the provision, or lack of provision, of medical aid.

I affirm I have carefully read this Waiver, understand its terms and conditions, and agree to be bound by all terms and conditions.

ATTENDEE'S NAME (PRINT) _____

ATTENDEE'S SIGNATURE _____

DATE (MONTH/DATE/YEAR) _____

Last Name _____

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PART 4 PROFESSIONAL REGISTRANT CATEGORIES AND GENERAL REGISTRATION FEES

If you are unsure of your membership status, please contact your corresponding association's membership department:

SVS: 800-258-7188 or 312-334-2300

SVN: 312-334-2335

SVU: 301-459-7550

<i>What is included:</i>	LIVE IN-PERSON REGISTRATION	STREAMING SESSIONS ONLY (REMOTE/ONLINE) REGISTRATION
Live In-Person Sessions Around 30+ sessions; most will offer CME credit	✓	
Streaming Sessions only (remote/online) 17 live sessions; 15 will offer CME. For a listing please visit: vsweb.org/VAM2021	✓	✓
VAM OnDemand (viewing only; no CME credit) , 6–8 weeks after the meeting—all session videos will be placed in the online SVS Education Portal.	✓	✓

<i>Please check the appropriate fee:</i>	LIVE MEETING FEE	STREAMING/ONLINE (REMOTE) MEETING FEE
Society for Vascular Surgery		
Society for Vascular Surgery (SVS) Member	\$790 <input type="checkbox"/> Society for Vascular Surgery (SVS) Member (01) <input type="checkbox"/> Distinguished Fellow (06) <input type="checkbox"/> Honorary Member (07)	\$475 <input type="checkbox"/> Society for Vascular Surgery (SVS) Member (01) <input type="checkbox"/> Distinguished Fellow (06) <input type="checkbox"/> Honorary Member (07)
SVS Candidate Member	\$548 <input type="checkbox"/> SVS Candidate Member (02)	\$354 <input type="checkbox"/> SVS Candidate Member (02)
SVS Candidate Member-In-Training (including vascular fellows, 0+5 residents and incoming fellows)	\$331 <input type="checkbox"/> SVS Candidate Member-In-Training (25)	\$165 <input type="checkbox"/> SVS Candidate Member-In-Training (25)
SVS Candidate Member-In-Training Student	\$25 <input type="checkbox"/> SVS Candidate Member-In-Training Student (26)	\$25 <input type="checkbox"/> SVS Candidate Member-In-Training Student (26)
Non-Member Physician	\$1,027 <input type="checkbox"/> Non-Member Physician (03)	\$623 <input type="checkbox"/> Non-Member Physician (03)
International Physician <i>Eligible countries are assigned according to the World Health Index and will be applied automatically during the registration process.</i>	\$425 <input type="checkbox"/> International Physician Member (21) <input type="checkbox"/> International Physician Non-Member (08)	\$292 <input type="checkbox"/> International Physician Member (21) <input type="checkbox"/> International Physician Non-Member (08)
Non-Member Vascular Surgery Resident (with letter from Chief of Service)	\$331 <input type="checkbox"/> Non-Member Vascular Surgery Resident (04)	\$165 <input type="checkbox"/> Non-Member Vascular Surgery Resident (04)

Last Name _____

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<i>Please check the appropriate fee:</i>		
Society for Vascular Surgery, continued	LIVE MEETING FEE	STREAMING/ONLINE (REMOTE) MEETING FEE
Non-Member General Surgery Resident <i>(with letter from Chief of Service)</i>	\$331 <input type="checkbox"/> Non-Member General Surgery Resident (09)	\$165 <input type="checkbox"/> Non-Member General Surgery Resident (09)
Non-Member Medical Student <i>(with letter from University)</i>	\$25 <input type="checkbox"/> Non-Member Medical Student (10)	\$25 <input type="checkbox"/> Non-Member Medical Student (10)
SVS Allied Health Professional Member <i>(including PA Section Members)</i>	\$607 <input type="checkbox"/> SVS Allied Health Professional Member (20)	\$383 <input type="checkbox"/> SVS Allied Health Professional Member (20)
Allied Health Professional Non-Member <i>(including non-MD registrants, PhD and Researchers)</i>	\$707 <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Registered Nurse <input type="checkbox"/> PhD <input type="checkbox"/> Other (17)	\$483 <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Registered Nurse <input type="checkbox"/> PhD <input type="checkbox"/> Other (17)
Society for Vascular Nursing		
Society for Vascular Nursing Member	\$607 <input type="checkbox"/> Society for Vascular Nursing Member (32)	n/a
Society for Vascular Nursing Non-Member	\$707 <input type="checkbox"/> Society for Vascular Nursing Non-Member (35)	n/a
Society for Vascular Nursing Student	\$331 <input type="checkbox"/> Society for Vascular Nursing Student (36)	n/a
Society for Vascular Nursing Retired Member*	\$331 <input type="checkbox"/> Society for Vascular Nursing Retired Member* (37)	n/a
Society for Vascular Ultrasound		
Society for Vascular Ultrasound Member <i>(includes Sonographer, International, Retired/Disabled, Signature Lab)</i>	\$607 <input type="checkbox"/> Society for Vascular Ultrasound Member (40)	n/a
Society for Vascular Ultrasound Fellow Member	\$331 <input type="checkbox"/> Society for Vascular Ultrasound Fellow Member (41)	n/a
Society for Vascular Ultrasound Student <i>(includes Non-Member Student, Transitional and Signature School)</i>	\$25 <input type="checkbox"/> Society for Vascular Ultrasound Student (42)	n/a
Society for Vascular Ultrasound Founding/Honorary/Life Member	\$331 <input type="checkbox"/> Society for Vascular Ultrasound Founding/Honorary/Life Member (43)	n/a
Society for Vascular Ultrasound Physician	\$790 <input type="checkbox"/> Society for Vascular Ultrasound Physician (44)	n/a
Society for Vascular Ultrasound Non-Member	\$707 <input type="checkbox"/> Society for Vascular Ultrasound Non-Member (45)	n/a

*Please contact SVN Headquarters to apply for this rate.

PART 5 TICKETED COURSES AND EVENTS

The following section includes only those courses and events which require a ticket. Please visit VSweb.org/VAM2021 to view the complete program.

SVS Breakfast Sessions:

Included in registration fee. Please select one session per day:

Thursday, August 19

- B1:** Why Clinical Trial Participants Need to Look Like us and How we can Improve care for the Underserved Population Living with Peripheral Arterial Disease, Sponsored by Abbott
- B2:** Paclitaxel Safety: A View from Multiple Perspectives, Co-Sponsored by Boston Scientific and Medtronic*
- B3:** Clinical Insights in Chronic CAD/PAD: Reducing the Risk of Major Cardiovascular Events, Sponsored by Janssen Pharmaceuticals*

* Satellite Symposia Breakfast sessions are not eligible for CME Credit

Friday, August 20

- B4:** Last Ditch Effort at Limb Salvage: How to Manage What Seems Unsalvageable
- B5:** "Congratulations, We Have Selected You as Our Next Leader": Lessons Learned from Vascular Leaders at All Levels
- B6:** Wound Complications and Management in Vascular Surgery

Saturday, August 21

- B7:** Malpractice 101
- B8:** Update on the Kidney Disease Outcomes Quality Initiative (KDOQI) Guidelines for Vascular Access
- B9:** Career Optimization Tips and Tricks for Young Vascular Surgeons

Lunches

Included in registration fee.

- Professional Registrant Lunch (Exhibit Hall), Thursday, August 19 (04)
- Professional Registrant Lunch (Exhibit Hall), Friday, August 20 (06)
- SVS Member Business Meeting/Lunch (SVS Members Only), Saturday, August 21 (05)

Special Events

Included in registration fee unless otherwise noted.

- VQI Annual Meeting** (10) Please choose: **LIVE MEETING FEE: \$295** / **STREAMING/ONLINE (REMOTE) MEETING FEE: \$220**

Tuesday, August 17, 12:00 p.m. – 6:30 p.m. and Wednesday, August 18, 8:00 a.m. – 5:00 p.m.

Please select the category that most accurately describes your position:

____ Physician ____ Data Manager ____ QI Professional ____ Administrator ____ Industry/other (21)

- International Guest Reception** (07) | Open to all International Attendees and guest. Two ticket maximum.

Wednesday, August 18

Number of tickets: _____ (1) _____ (2)

- SVN Annual Conference** (17) | SVN Attendees and Allied Health Professionals Only
Wednesday, August 18 and Thursday, August 19 Note: Hybrid (remote) meeting option is not available.

- I plan to attend VAM programming on Friday and Saturday, August 20 and 21 (23)

Note: Failure to indicate you are attending VAM programming will prohibit you from obtaining a certificate of attendance.

- SVU Annual Conference** (29) | SVU Members and Allied Health Professionals Only
Thursday, August 19 and Friday, August 20 Note: Streaming/Online (remote) meeting option is not available.

- Meet the Leaders Luncheon & SVS Leadership Development Program Graduation** (25)
Thursday, August 19

- Postgraduate Course: Aortic Dissections** (30)
Thursday, August 19

Last Name _____

Special Events, *continued*

- SVS Physician Assistant Section Meeting (13)**
Thursday, August 19

- Opening Reception with Exhibitors—Live Meeting (09)**
Thursday, August 19

- Opening Reception—Remote Participation (09R)** | Additional fee of \$60 applies
Thursday, August 19
Each U.S. registrant (excluding UT) will receive a box of five 2 oz. samples of wine. Deadline is **August 2**.

- Networking Reception for Women, Leadership, Diversity and Young Surgeons (15)**
Thursday, August 19

- Women's Leadership Dinner (26)** | Additional fee of \$88 applies
Thursday, August 19

Number of tickets: _____ (1) _____ (2) x \$88 = \$ _____

- Postgraduate Course: Pediatric Vascular Care (31)**
Friday, August 20

- Postgraduate Course: Emergency Vascular Care (32)**
Saturday, August 21

- Vascular Research Initiatives Conference (33)** | VRIC is included with the general VAM registration fee. Registration fee applies if you are attending **ONLY** the Vascular Research Initiatives Conference.

Thursday and Friday, August 19–20

<input type="checkbox"/> SVS Member	\$100
<input type="checkbox"/> SVS Candidate Member	\$75
<input type="checkbox"/> SVS Candidate Member-In-Training (residents and fellows)	\$50
<input type="checkbox"/> Candidate Member-in-training Student and Non-Member Medical Student	\$25
<input type="checkbox"/> Non-Member Physician	\$200
<input type="checkbox"/> Non-Member Vascular and General Surgery Resident	\$50
<input type="checkbox"/> Allied Health Professional (SVS/SVN/SVU Member and Non-Member)	\$75

- SVS/STS Aortic Summit (28)** | Additional registration fee applies.
Registrants have the option to **ONLY** attend this course, if desired.

Friday, August 20

<input type="checkbox"/> SVS Member	\$100
<input type="checkbox"/> SVS Candidate Member	\$75
<input type="checkbox"/> SVS Candidate Member-In-Training (residents and fellows)	\$50
<input type="checkbox"/> Candidate Member-in-training Student and Non-Member Medical Student	\$25
<input type="checkbox"/> Non-Member Physician	\$200
<input type="checkbox"/> Non-Member Vascular and General Surgery Resident	\$50
<input type="checkbox"/> Allied Health Professional (SVS/SVN/SVU Member and Non-Member)	\$75

Last Name _____

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PART 5 TICKETED COURSES AND EVENTS, *continued***RPVI Exam Review Course****Saturday, August 21 (14)**Additional registration fee applies. Registrants have the option to **ONLY** attend this course, if desired.

<input type="checkbox"/> SVS Member	\$100	<input type="checkbox"/> Non-Member Vascular and General Surgery Resident	\$50
<input type="checkbox"/> SVS Candidate Member	\$75	<input type="checkbox"/> Allied Health Professional (SVS/SVN/SVU Member and Non-Member)	\$75
<input type="checkbox"/> SVS Candidate Member-In-Training (residents and fellows)	\$50	<input type="checkbox"/> Candidate Member-in-training Student and Non-Member Medical Student	\$25
<input type="checkbox"/> Non-Member Physician	\$200		

TOTAL FEES FOR PART 5: \$ _____

TOTAL REGISTRATION FEES

Enter Part 4 Total for General Registration \$ _____

Enter Part 5 Total for Ticketed Courses and Events \$ _____

TOTAL \$ _____

PART 6 METHOD OF PAYMENT

Please check one: Check Credit Card

Registration will not be considered complete and credentials will not be issued without full payment in U.S. funds.

Please make checks payable to SVS and mail to:

SVS Registration, c/o CompuSystems, Inc., 2601 Navistar Drive, Lisle, IL 60532

If paying by credit card, CompuSystems will forward an invoice with instructions on how to provide credit card information. For security measures, do not include credit card information on faxed or mailed forms.

Faxed and mailed registration forms will be processed within 72 hours of receipt and an email confirmation will be sent only if an email address is provided. Otherwise, a confirmation will be mailed to the address provided. Cancellations received before August 6 will be honored less a \$50 processing fee. Cancellations are non-refundable after August 6. Requests for cancellations should be sent via email: svs@compusystems.com. Should SVS need to cancel the VAM for any reason, (including the COVID-19 pandemic), attendees will be reimbursed for registration fees only.

Questions? Call customer service at 844-353-2915 or 224-563-3756 (outside the U.S.) during the hours of 9:00 am–5:00 pm Central time. Or, email your question: svs@compusystems.com.

Terms and Conditions

For a copy of the terms and conditions pertaining to all VAM registrants, including the COVID-19 release and waiver, please visit www.VSweb.org/VAM2021. All registrants will be required to complete and sign a health questionnaire upon their arrival to the San Diego Convention Center prior to being issued a badge