

Please see back page for Rates and Registration Deadlines.

First name Last name Degree/Credentials

NPI or license # State in which you are licensed

Company/Organization name

Address 1

Address 2

City State Zip Country

Telephone Fax

E-mail address (Confirmations will be sent via e-mail.)

### GUEST REGISTRATION (NON-CLINICIAN)

Companion Guest **\$350**

#### GUEST REGISTRATION DETAILS

First name Last name

City State Zip Country

The fee for spouses and guests of registered attendees is \$350. The fee includes access to all educational sessions, opening reception, continental breakfast, lunch, and breaks (does not include meeting materials or certificate of attendance). One guest per registered attendee excluding the above, and excluding Industry/Non-Clinical registrants.

### Ultimate Tailgate and Super Bowl Party Guest Pass

February 4, 2018 | 6:00 PM-11:00 PM

\$85 (up to 5)

Bring a guest for an additional fee. Please write how many football fanatics will be joining you.

Note this ticket is for the Ultimate Tailgate and Super Bowl Party only.

Each guest attending the Ultimate Tailgate and Super Bowl Party must be at least 18 years old.

PROMO CODE TOTAL PAYMENT ENCLOSED \$

#### Cancellation Policy

Cancellation requests must be received in writing and postmarked by December 19, 2017. All cancellations via email must be submitted by this date to [sdonato@hmpcommunications.com](mailto:sdonato@hmpcommunications.com). Cancellations received by December 19, 2017 will receive a refund minus a \$100 processing fee. Registrants wishing to cancel may send someone to take their place without penalty if they send a written request with the replacement person's name by December 19, 2017. No refunds will be issued after December 19, 2017. If you do not cancel and do not attend the event, you are still responsible for full payment. Cancellations for hotel and transportation reservations must be handled by the individual registrant directly with the hotel, airline and/or other company. No refunds are offered for classes that may be suspended or shortened due to weather, or other conditions or circumstances beyond HMP's control.

### METHOD OF PAYMENT Choose from the following options:

**Credit card (check one):**  Visa  MasterCard  American Express  Discover

**Check:** Make check payable to HMP Communications. All checks must be drawn on a U.S. bank in U.S. funds. Mail to: HMP Communications, 70 E. Swedesford Rd., Ste. 100, Malvern, PA 19355

Name on card (please print)

Credit card number

Expiration date Security code Billing postal code

Signature (required)

#### Designation

MD  DO  PhD  PA  NP  RN  BSN  RT  
 RT(R)  CVT  RT(R) (CV)  RVT  RCS  RDCS  RCIS  Student  
 None  Other (please specify) \_\_\_\_\_

#### Physician Reg type specific specialties:

Cardiothoracic Surgery  Clinical Cardiology  Diagnostic Radiology  
 General Surgery  Internal Medicine  Interventional Cardiology  
 Interventional Oncology  Interventional Radiology  Neurology  
 Oncology  Vascular Medicine  Vascular Surgery  
 Other (please specify) \_\_\_\_\_

#### Industry/Non-Clinical

Engineer  Industry Professional  Scientist  Other (please specify) \_\_\_\_\_

#### Allied Health Professional

Cardiovascular Technologist  Registered Cardiovascular Invasive Specialist  
 Certified Clinical Research Associate  Registered Diagnostic Cardiac Sonographer  
 Certified Clinical Research Coordinator  Registered Diagnostic Medical Sonographer  
 Nurse Practitioner  Registered Nurse  
 Physician Assistant  Registered Radiologic Technologist  
 Radiologic Technologist  Registered Vascular Technologist  
 Registered Cardiovascular Certified Radiologic Technologist

#### Fellow/Resident/Student

Cardiothoracic Surgery  Clinical Cardiology  Diagnostic Radiology  
 General Surgery  Internal Medicine  Interventional Cardiology  
 Interventional Oncology  Interventional Radiology  Neurology  Oncology  
 Vascular Medicine  Vascular Surgery  
 I certify that I am an active student or in an active residency or fellowship program, and understand that I am required to provide a letter from my program director that confirms my active status..  
 Medical Student  Biomedical Engineering  Vascular Technologist Student  
 Other \_\_\_\_\_

#### Are you a past attendee of either the ISET or CIO symposia?

Yes  No

#### How did you hear about the meeting?

Symposium Website  Email/E-Newsletter  Direct Mail/Mailed Brochure  
 I've attended past meetings  
 Print Journal/Publication Advertisement (please specify) \_\_\_\_\_  
 Digital/Online Advertisement (please specify) \_\_\_\_\_  
 Recommendation by an Industry Representative (please specify) \_\_\_\_\_  
 Recommendation by Colleague or Friend  
 Promotional Material at Other Meeting (please specify) \_\_\_\_\_  
 Social Media  
 Other (please specify) \_\_\_\_\_

#### What was the most influential factor in your decision to attend a live meeting?

Educational Program/Faculty  CME/CE/SAMs  Networking  Location  Price  
 Other

#### Age Group

Under 30  30-40  41-50  51-60  61 and over

#### Years of Experience

Less than 5  5-10 years  11-20 years  21-30 years  31+ years

#### Are you a member of the military?

Yes  No

#### Are you presently employed by the

Department of Veterans Affairs (VA)?  
 Yes  No

#### What associations are you a member of? Please check all that apply

ACC  ACR  ASCO  BSIR  CIRA  CIRSE  
 FVS - Florida Vascular Society  ISIR  ISS  JSIR  KSIR  SCAI  
 SCVS  SIDI  SIR  SIRM  SOBRICE  
 SOLACI  SVM  SVS  Other (please specify) \_\_\_\_\_

#### What other live meetings do you attend to fulfill your educational requirements/gain relevant knowledge? List all.

#### Does your employer subsidize/reimburse for CME/CE meetings?

Yes at 25% or less  Yes at 26-50%  Yes at 51-75%  
 Yes at 76-100%  No, my employer does not subsidize/reimburse for CME/CE meetings  
 No, I am self-employed

#### May we use your email address for communications from symposia affiliates?

Yes  No

#### Do you require a letter of invitation for visa purposes?

Yes  No

#### Will you be attending the Ultimate Tailgate and Super Bowl Party on February 4, 2018?

Yes  No

#### Gender:

Male  Female  Prefer not to answer  Other

## 2018 Registration Rates

Please choose your registration from the table below.

	<b>Early Bird: 6/15/17– 10/27/17</b>	<b>Advance: 10/28/17– 1/19/18</b>	<b>Regular/Onsite: 1/20/18– 2/7/18</b>
<b>PHYSICIAN</b>			
■ MVP: CIO & ISET	\$1,499	\$1,699	\$1,749
■ ISET Only	\$1,349	\$1,549	\$1,599
■ ISET Focused Weekend Symposia	\$549	\$749	\$799
■ Noninvasive Vascular Diagnosis Focused Symposium Only	\$399	\$399	\$399
<b>NURSE/ALLIED HEALTH PROFESSIONAL</b>			
■ MVP: CIO & ISET	\$599	\$599	\$599
■ ISET Only	\$399	\$399	\$549
■ ISET Focused Weekend Symposia	\$249	\$249	\$299
■ Nurses and Technologists Symposium: Innovations in Cardiac and Vascular Care (Full Day) Symposium Only	\$199	\$199	\$199
■ Noninvasive Vascular Diagnosis Focused Symposium Only	\$199	\$199	\$199
<b>FELLOW/RESIDENT/STUDENT</b>			
■ MVP: CIO & ISET	\$699	\$699	\$749
■ ISET Only	\$499	\$549	\$599
■ ISET Focused Weekend Symposia	\$229	\$249	\$299
<b>INDUSTRY/NON-CLINICAL</b> <small>(Please note that if you are employed by industry, you MUST register as Industry/Non-Clinical.)</small>			
■ MVP: CIO & ISET	\$1,699	\$1,799	\$1,799
■ ISET Only	\$1,549	\$1,649	\$1,699
■ ISET Focused Weekend Symposia	\$649	\$849	\$949
<b>MILITARY/VA</b>			
■ MVP: CIO & ISET	\$699	\$699	\$749
■ ISET Only	\$499	\$549	\$599
■ ISET Focused Weekend Symposia	\$229	\$249	\$299

Endorsed by:



In partnership with:



## Registration Deadlines

**Early Rate**  
6/15/17–10/27/17

**Advance Rate**  
10/28/17–1/19/18

**Regular-Onsite Rate**  
1/20/18–2/7/18