

20TH
ANNUAL **AIM**symposium Registration



Hilton New York
1335 Avenue of the Americas
New York, New York 10019

TUESDAY, NOVEMBER 13 – FRIDAY, NOVEMBER 16, 2012 NEW YORK CITY

First Name: _____ Last Name (Surname, Family Name): _____ Degree: _____

Physician Non-Physician Cleveland Clinic Employee? Yes No Specialty: _____

Affiliation: _____

Address Type: Home Other Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

E-mail: _____ (A valid registrant's e-mail address is required for confirmation and CME Certificate.)

Alternate E-mail: _____ (contact person)

Phone: _____ Fax: _____

Full Registration (Wednesday - Friday) Tuition includes access to all Wednesday Only Meetings.

Tuition*

- | | |
|--|--------|
| <input type="checkbox"/> Practicing Physicians | \$765 |
| <input type="checkbox"/> Practicing Physicians Combination Rate - AIMsymposium and VEITHsymposium | \$1895 |
| <input type="checkbox"/> US and Canadian Vascular Surgery Fellows in Training (Tuition is provided through an Educational Grant by W.L. Gore & Associates, Inc.) | |

Letter of verification from Chief of Service must be faxed to (888) 418-7043.

Complimentary

- | | |
|---|-------|
| <input type="checkbox"/> Non-US Fellows <input type="checkbox"/> Residents <input type="checkbox"/> Physician Assistants <input type="checkbox"/> Nurses <input type="checkbox"/> Technologists | \$325 |
| <input type="checkbox"/> Allied Health Care Professionals | \$850 |

Wednesday Only Meetings

- | | |
|---|-------|
| <input type="checkbox"/> Wednesday Only - Endovenous Management of Varicose Veins Tuition includes access to <u>any</u> Wednesday Only Meeting. | \$345 |
| <input type="checkbox"/> Wednesday Only - Hemodialysis Access Tuition includes access to <u>any</u> Wednesday Only Meeting. | \$345 |
| <input type="checkbox"/> Wednesday Only - Acute Stroke Management (Neurointervention) Tuition includes access to <u>any</u> Wednesday Only Meeting. | \$345 |

***Cancellation Policy: There is a \$95 cancellation fee if canceled in writing by October 19, 2012. No refunds will be made thereafter.**

Payment Method

Check Please make checks payable to the Cleveland Clinic Educational Foundation and mail to:
The Cleveland Clinic Educational Foundation
Attn: 020893
P.O. Box 931653
Cleveland, OH 44193-1082

Name on Card: _____ Check Amex MC VISA

Credit Card Number: _____ Verification Code (3-or 4-digit security code located on your card): _____

Expiration Date: _____ Signature: _____