



International College of Angiology

Member, Council for International Organizations of Medical Sciences (CIOMS)
EXECUTIVE OFFICE: 5 DAREMY COURT • NESCONSET, NEW YORK 11767-1547
631.366.1429 • FAX: 631.366.3609 • EMAIL: denisemrossignol@cs.com



John B. Chang, MD, FICA, FACS, Program Chairman
51st Annual World Congress ICA'2009
Beijing Railway Hotel • Beijing, China
October 24-28, 2009

REGISTRATION FORM

Registrant	(Please Print) MD/MBBS/RN, RVT, PA (Family Name) (First Name) (MI)
Accompanying Person(s)	Dr./Prof./Mr./Mrs./Ms. (Family Name) (First Name) (MI)
	(Family Name) (First Name) (MI)
	(Family Name) (First Name) (MI)
Registrant Mailing Address	Institution/Clinic/Home
<i>Please check one</i>	
<input type="checkbox"/> Institution	Street _____
<input type="checkbox"/> Private Clinic	City _____ State ____ Country _____ Zip/Postal Code _____
<input type="checkbox"/> Home	Tel. No. () _____ FAX No. () _____
	E-MAIL: _____ Specialty: _____

REGISTRATION FEES: Registration is personal and **non-transferable**. Your fee must accompany this registration form.

All Registration Fees INCLUDE the 51st Annual World Congress-ICA 2009 & 7th International Congress on Vascular and Endovascular Surgery-October 22-24, 2009!




	REGISTRATION MARCH 1 – JULY 1, 2009	REGISTRATION AFTER JULY 1, 2009
<input type="checkbox"/> ICA Fellows, Associate Fellow†	(USD) \$475 (Entire Congress)	(USD) \$550 (Entire Congress)
PLEASE INDICATE DAYS ATTENDING:	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	
<input type="checkbox"/> ICA Fellows, Associate Fellow† (Daily Fee)	(USD) \$200 per day	(USD) \$275 per day
PLEASE INDICATE DAYS ATTENDING:	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	
<input type="checkbox"/> All Other Non-Fellows	(USD) \$675 (Entire Congress)	(USD) \$750 (Entire Congress)
<input type="checkbox"/> All Other Non-Fellows (Daily Fee)	(USD) \$250 per day	(USD) \$325 per day
PLEASE INDICATE DAYS ATTENDING:	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	
<input type="checkbox"/> Host Country & Residents, Interns/Students RN's/PA's/Allied Medical Services* (Not Applicable to Oral or Poster Presentations)	No Charge	No Charge
PLEASE INDICATE DAYS ATTENDING:	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	

* (Requires a letter from the hospital verifying position. **THIS CATEGORY DOES NOT APPLY TO ORAL OR POSTER PRESENTATIONS**)

† Associate Fellows of the ICA, *in good standing*, ARE NOT REQUIRED TO PAY A REGISTRATION FEE as part of their membership benefit.

PLEASE FORWARD INFORMATION AND AN APPLICATION FOR FELLOWSHIP

REGISTRATION PAYMENT INFORMATION

Credit Card Type: <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	<i>Must be in U.S. funds, drawn on a U.S. bank.</i>
Credit Card Number: _____	<input type="checkbox"/> Check Amount: (USD) \$ _____ Check Nr. _____
Name As It Appears on Card: _____	Expiration Date: _____/_____/_____
Authorized Signature: _____	

REGISTRATION CANCELLATION POLICY: A written request **must** be received no later than March 1, 2009, less a \$50 administrative fee. There will be a 50% processing fee for **all** cancellations received after March 1, 2009 and before July 1, 2009. Fees are non-refundable after July 1, 2009.