



International College of Angiology

Member, Council for International Organizations of Medical Sciences (CIOMS)
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John B. Chang, MD, FICA, FACS, Program Chairman
53rd Annual World Congress ICA 2011
Grand Hyatt Nusa Dua Bali • Bali, Indonesia
September 18-20, 2011

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
Please check one	Street _____
<input type="checkbox"/> Institution	City _____ State ____ Country _____ Zip/Postal Code _____
<input type="checkbox"/> Private Clinic	Tel. No. () _____ FAX No. () _____
<input type="checkbox"/> Home	E-MAIL: _____ Specialty: _____

REGISTRATION FEES: Registration is personal and **non-transferable**. Your fee must accompany this registration form. In order to maintain accurate meal counts and seating for our Congress **please indicate your days of attendance.**

	EARLY REGISTRATION BEFORE MARCH 1, 2011	REGISTRATION MARCH 1–JUNE 1, 2011	REGISTRATION AFTER JUNE 1, 2011
<input type="checkbox"/> ICA Fellows, Associate Fellowst	(USD) \$400 (Entire Congress)	(USD) \$475 (Entire Congress)	(USD) \$550 (Entire Congress)
PLEASE INDICATE DAYS ATTENDING:	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday		
<input type="checkbox"/> All Other Non-Fellows	(USD) \$600 (Entire Congress)	(USD) \$675 (Entire Congress)	(USD) \$750 (Entire Congress)
PLEASE INDICATE DAYS ATTENDING:	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday		
<input type="checkbox"/> Host Country (Indonesia) MD's/DO's & RN's PA's/Allied Medical Services* (Not Applicable to Oral or Poster Presentations)	(USD) \$200 (Entire Congress)	(USD) \$225 (Entire Congress)	(USD) \$250 (Entire Congress)
PLEASE INDICATE DAYS ATTENDING:	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday		
<input type="checkbox"/> Fellows, Residents, Interns & Students*	No Charge	No Charge	No Charge
PLEASE INDICATE DAYS ATTENDING:	<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, POSTER, OR YOUNG INVESTIGATOR PRESENTATIONS**). †Associate Fellows of the ICA, *in good standing*, ARE NOT REQUIRED TO PAY A REGISTRATION FEE as part of their membership benefit (**Only applies to the first 3 years of membership. Thereafter, the full registration fee applies**).

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, 2011, less a \$50 administrative fee. There will be a 50% processing fee for **all** cancellations received after March 1, 2011 and before June 1, 2011. Fees are non-refundable after June 1, 2011.