



5th Annual MVSS Medical Student Education and Participation Program
"Introducing Vascular Surgery as a Career Choice"
FRIDAY, SEPTEMBER 13, 2019

STUDENT REGISTRATION FORM
Pre-Registration Deadline: Friday, August 30, 2019

Please return by email to: mvs@bostonbased.com; **FAX: (978) 745-8334** – TEL: (978) 745-8331 ~ www.midwestvascular.org

REGISTRATION REQUIREMENTS:

- Letter from the Dean of the Medical School or Program Director in Surgery, or Vascular Surgery.
- A brief 300-word maximum essay explaining your interest in participating in this program and why you believe the program will be educationally beneficial.

Please register me for the MVSS Student Program, Friday, September 13, 2019. It is my understanding that I am required to provide a letter from my Dean, or Program Director and submit a brief essay to be eligible for the program. No shows will forfeit all reimbursement as part of the program.

Student Attendee Information (Please Print Clearly)

Name: _____

Medical School: _____

PREFERRED CONTACT INFORMATION:

Address: _____

City: _____ State: _____ Postal Code: _____

Phone: _____ Fax: _____ Cell Phone: _____

Email Address *(required for confirmation and updates)* _____

Name of Dean or Program Director _____

Letter from Dean or Program Director Attached – (required).

(300-Word) Essay Attached – (required).

HOTEL REQUIREMENTS

I would like to inquire about reserving at the Westin Chicago River North Hotel. (The Society will forward additional information – Group Rate for 2019 Annual Meeting: \$279.00⁺⁺)

I will make my own hotel accommodations.