



- ☐ Physicians ..... \$ 850.00  
☐ Residents, Fellows, Nurses ..... \$ 500.00

### How to Register

Online: Go to: <https://northwestern.cloud-cme.com/vascular2025>

Or Mail with Check to:  
Northwestern University  
Feinberg School of Medicine  
Division of Vascular Surgery  
Attn: Marsha Blunt  
676 N. Saint Clair St., Ste. 650, Arkes Pavllion  
Chicago, IL 60611

Please make your check payable to Northwestern University.

The registration fee includes: 3 continental breakfasts, 2 lunches, refreshment breaks, and a course textbook. Please note: Credit card payments cannot be accepted for phone, postal mail, or on-site registrations. If you plan to register on-site, please bring cash or a check made payable to "Northwestern University".

PLEASE TYPE OR PRINT

Last Name \_\_\_\_\_ ☐ MD  
☐ RN  
☐ Other \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email (required) \_\_\_\_\_

(Your registration confirmation will be emailed.)

Specialty \_\_\_\_\_



Please indicate any accommodation requests.

Are you a Northwestern University Feinberg School of Medicine Alumnus/a? ☐ Yes ☐ No

Will you be claiming MOC? ☐ Yes ☐ No

ABS Diplomate ID:

Birthdate (month/year only):

As an ACCME Accredited Provider, we share and transmit your CME/MOC completion data with the Accreditation Council for Continuing Medical Education (ACCME), licensing board(s), and participating certifying boards. If you wish to opt out of this service, please leave the box below unchecked:

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