



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

How to Register

Online: Go to: <https://northwestern.cloud-cme.com/vascular2026>

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 Pavilion
 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:

- ☐ I provide permission for my CME/MOC completion data to be shared and transmitted to the Accreditation Council for Continuing Medical Education (ACCME), licensing board(s), and participating certifying boards.