

Registration Form for Participation and Sponsorship of Conference



4th Annual FLAVAN Vascular Access Summit
“Breaking through the Looking Glass”

September 15, 2012 8a-4:30p

Mystic Dunes Resort and Golf Club
7900 Mystic Dunes Lane
Celebration, FL 34747

Name: _____

Company and Title: _____

FL Professional License Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Category: (Please [checked box] whichever applicable)

- (a) Conference Early Bird before August 1, 2012 \$75 []
(b) Conference after August 1 before September 14 \$80 []
(c) *FLAVAN Member Early Bird before August 1, 2012 \$65 []
(d) *FLAVAN Member Discount Conference 8/2-9/14 \$70 []
(e) Exhibitor \$250 []
(f) Sponsor Platinum \$2000 []
Gold \$1500 []
Silver \$1000 []
Bronze \$500 []

Signature: _____ Date: _____

Enclosed Check number _____ for the sum of \$ _____

Make Checks Payable to FLAVAN

Payment to be mailed to:
FLAVAN
c/o Chris Cavanaugh
3606 Molona Drive
Orlando, FL 32837-5830

Credit Cards Accepted via PayPal
www.Paypal.com

To FLAVAN@FLORIDAAVA.COM

*Membership will be verified, non-paid members will be charged at the door rate
Registration at the door will be \$90 for non-members, \$80 for paid FLAVAN Members
Cancellation Policy—No REFUNDS will be given after September 10, 2012