

# 7th NACET

New Advances in Cardiovascular and Endovascular Technologies  
an interdisciplinary summit 2016

If you require special accommodations to attend or participate, please provide us information about your requirements.

## REGISTRATION FORM

REGISTRATION NOT VALID WITHOUT FULL PAYMENT

### PARTICIPANT (Please, type or print clearly)

First Name <i>(as it is to appear on your name badge)</i>	Last Name	Title/Degree
Institution or Company		
Address		
City	Country	Post code
Phone Number	Cell Phone Number	Fax Number
e-mail <i>(Please, type or print clearly)</i>		

### SPECIALTY

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Cardiovascular Surgeon          | <input type="checkbox"/> Interventional Radiologist | <input type="checkbox"/> Endocrinologist  | <input type="checkbox"/> Radiologist Technicians   |
| <input type="checkbox"/> Cardiothoracic Surgeon          | <input type="checkbox"/> Electrophysiologist        | <input type="checkbox"/> Angiologist      | <input type="checkbox"/> Podiatrist  |
| <input type="checkbox"/> Endovascular Neurosurgeon       | <input type="checkbox"/> Cardiologist               | <input type="checkbox"/> Radiologist      | <input type="checkbox"/> Other *: _____  |
| <input type="checkbox"/> General Surgeon                 | <input type="checkbox"/> Neumologist                | <input type="checkbox"/> Anesthesiologist | <i>(Cardiovascular and Vascular Technicians, Technicians, Student, Industrial Partners, Hospital Administration)</i> |
| <input type="checkbox"/> Endovascular Surgeon            | <input type="checkbox"/> Neurologist                | <input type="checkbox"/> Internist        |  |
| <input type="checkbox"/> Vascular Surgeon                | <input type="checkbox"/> Neuroradiologist           | <input type="checkbox"/> Family Medicine  |  |
| <input type="checkbox"/> Interventional Cardiologist     | <input type="checkbox"/> Nephrologists              | <input type="checkbox"/> Nurse            |  |
| <input type="checkbox"/> Interventional Neuroradiologist | <input type="checkbox"/> Gastroenterologist         |   |  |

\* Will not be certified by Ponce Health Sciences University

### REGISTRATION FEES

*(Includes for two days: All conferences, meals, Certificate from Ponce Health Sciences University)*

- |   |          |
|---|----------|
| <input type="checkbox"/> Physician                                | \$330.00 |
| <input type="checkbox"/> Nurse/Radiologist Technicians            | \$210.00 |
| <input type="checkbox"/> Podiatrist                               | \$250.00 |
| <input type="checkbox"/> Residents/Fellows                        | \$210.00 |
| <input type="checkbox"/> Supplemental Registration (relatives)    |          |
|   |          |
| <input type="checkbox"/> Welcome Reception (Friday, May 13, 2016) | \$100.00 |
| <input type="checkbox"/> Lunch Buffet (Saturday, May 14, 2016)    | \$75.00  |

### \*\* PAYMENT METHOD (PLEASE PRINT CLEARLY)\*\* -WE DO NOT ACCEPT CHECKS AS PAYMENT METHOD-


 
 
 
 
 
 
 Money Order # \_\_\_\_\_   Cash

I, the undersigned \_\_\_\_\_ *(Cardholder's Name)* authorize Society Prevention of Cardiovascular Diseases to debit my credit card the total amount.

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ \*Cardholder's Signature: \_\_\_\_\_  
*(\* Required for payment confirmation)*

**Authorization and Release:** With my signature on this Registration Form, I consent and authorize the Corporation SPCD, Inc. to charge in the credit card here in described the Registration Fees for the NACET Summit 2016. I duly release and waive the above mentioned Corporation, and its employees, stockholders and directors of any other charges that may appear in my credit card account not related to this Congress.

**Cancellation Policy:** Neither refunds nor credits will be given for failure to attend, late arrival, unattended events, or early departure. SPCD, Inc., (the Corporation) is not responsible for airfare, hotel accommodation and other costs incurred by participants. In the event that the NACET Summit 2016 was abbreviated or cancelled by causes not attributable to the Corporation, they reserve the right, in its sole discretion, to unilaterally terminate the summit. In such case, the registrant may have against the Corporation for damages or compensation, including and not limited to registration fees, accommodation, airfare, and incidental charges. **There will be a charge \$100.00 fee for cancellations made before, Friday, May 8, 2016.** All cancellations must be notified in **WRITING (telephones cancellations will not be accepted).** Any refunds will be given **after Monday, June 8, 2016.**

**HOUSING:** The Caribe Hilton Hotel is located in 1 San Gerónimo Street, San Juan, Puerto Rico. There is a Conference Rate of \$159.00 for Single & Double Occupancy (Ocean View), plus taxes, per night. **Room Reservations with Special Rate are limited.** Please, contact the Hotel Reservation Department to the following telephones to make your reservation **before** Friday, April 29, 2016: (800) 468-8585, (787) 721-0303, Ext. 2156 or send an e-mail to: [reservations.caribe@hilton.com](mailto:reservations.caribe@hilton.com). Make reference to **Code: NCTA16**

Please, send your Registration Form to: **NACET SUMMIT 2016** • by Fax: 787- 813-0908 or e-mail: [nacetsummit@gmail.com](mailto:nacetsummit@gmail.com)