



1 Complete your  
registration online at  
theIOMeeting.org.

2 Call 877-878-3034, and  
have your credit card  
information handy.

3 Complete the  
registration form and  
fax to 610-560-0502.

Please see back page for Rates and Registration Deadlines.

First name Last name Degree/Credentials

NPI or license # State in which you are licensed

Company/Organization name

Address 1

Address 2

City State Zip Country

Telephone Fax

E-mail address (Confirmations will be sent via e-mail.)

GUEST REGISTRATION (NON-CLINICIAN)

Companion Guest \$350

GUEST REGISTRATION DETAILS

First name Last name

City State Zip Country

The fee for spouses and guests of registered attendees is \$350. The fee includes access to all educational sessions, opening reception, continental breakfast, lunch, and breaks (does not include meeting materials or certificate of attendance). One guest per registered attendee excluding the above, and excluding Industry/Non-Clinical registrants.

Ultimate Tailgate and Super Bowl Party Guest Pass

February 4, 2018 | 6:00 PM-11:00 PM

\$85 (up to 5)

Bring a guest for an additional fee. Please write how many football fanatics will be joining you.

Note this ticket is for the Ultimate Tailgate and Super Bowl Party only.

Each guest attending the Ultimate Tailgate and Super Bowl Party must be at least 18 years old.

PROMO CODE TOTAL PAYMENT ENCLOSED \$

Cancellation Policy

Cancellation requests must be received in writing and postmarked by December 19, 2017. All cancellations via email must be submitted by this date to sdonato@hmpcommunications.com. Cancellations received by December 19, 2017 will receive a refund minus a \$100 processing fee. Registrants wishing to cancel may send someone to take their place without penalty if they send a written request with the replacement person's name by December 19, 2017. No refunds will be issued after December 19, 2017. If you do not cancel and do not attend the event, you are still responsible for full payment. Cancellations for hotel and transportation reservations must be handled by the individual registrant directly with the hotel, airline and/or other company. No refunds are offered for classes that may be suspended or shortened due to weather, or other conditions or circumstances beyond HMP's control.

METHOD OF PAYMENT Choose from the following options:

Credit card (check one): Visa MasterCard American Express Discover

Check: Make check payable to HMP Communications. All checks must be drawn on a U.S. bank in U.S. funds. Mail to: HMP Communications, 70 E. Swedesford Rd., Ste. 100, Malvern, PA 19355

Name on card (please print)

Credit card number

Expiration date Security code Billing postal code

Signature (required)

Designation

- MD DO PhD PA NP RN BSN RT
RT(R) CVT RT(R) (CV) RVT RCS RDCS RCIS Student
None Other (please specify)

Physician Reg type specific specialties:

- Cardiothoracic Surgery Clinical Cardiology Diagnostic Radiology
General Surgery Internal Medicine Interventional Cardiology
Interventional Oncology Interventional Radiology Neurology
Oncology Vascular Medicine Vascular Surgery
Other (please specify)

Industry/Non-Clinical

- Engineer Industry Professional Scientist Other (please specify)

Allied Health Professional

- Cardiovascular Technologist Registered Cardiovascular Invasive Specialist
Certified Clinical Research Associate Registered Diagnostic Cardiac Sonographer
Certified Clinical Research Coordinator Registered Diagnostic Medical Sonographer
Nurse Practitioner Registered Nurse
Physician Assistant Registered Radiologic Technologist
Radiologic Technologist Registered Vascular Technologist
Registered Cardiovascular Certified Radiologic Technologist

Fellow/Resident/Student

- Cardiothoracic Surgery Clinical Cardiology Diagnostic Radiology
General Surgery Internal Medicine Interventional Cardiology
Interventional Oncology Interventional Radiology Neurology Oncology
Vascular Medicine Vascular Surgery
I certify that I am an active student or in an active residency or fellowship program, and understand that I am required to provide a letter from my program director that confirms my active status..
Medical Student Biomedical Engineering Vascular Technologist Student
Other

Are you a past attendee of either the ISET or CIO symposia?

- Yes No

How did you hear about the meeting?

- Symposium Website Email/E-Newsletter Direct Mail/Mailed Brochure
I've attended past meetings
Print Journal/Publication Advertisement (please specify)
Digital/Online Advertisement (please specify)
Recommendation by an Industry Representative (please specify)
Recommendation by Colleague or Friend
Promotional Material at Other Meeting (please specify)
Social Media
Other (please specify)

What was the most influential factor in your decision to attend a live meeting?

- Educational Program/Faculty CME/CE/SAMs Networking Location Price
Other

Age Group

- Under 30 30-40 41-50 51-60 61 and over

Years of Experience

- Less than 5 5-10 years 11-20 years 21-30 years 31+ years

Are you a member of the military?

- Yes No

Are you presently employed by the

- Department of Veterans Affairs (VA)?
Yes No

What associations are you a member of? Please check all that apply

- ACC ACR ASCO BSIR CIRA CIRSE
FVS - Florida Vascular Society ISIR ISS JSIR KSIR SCAL
SCVS SIDI SIR SIRM SOBRICE
SOLACI SVM SVS Other (please specify)

What other live meetings do you attend to fulfill your educational requirements/gain relevant knowledge? List all.

Does your employer subsidize/reimburse for CME/CE meetings?

- Yes at 25% or less Yes at 26-50% Yes at 51-75%
Yes at 76-100% No, my employer does not subsidize/reimburse for CME/CE meetings
No, I am self-employed

May we use your email address for communications from symposia affiliates?

- Yes No

Do you require a letter of invitation for visa purposes?

- Yes No

Will you be attending the Ultimate Tailgate and Super Bowl Party on February 4, 2018?

- Yes No

Gender:

- Male Female Prefer not to answer Other

## 2018 Registration Rates

Please choose your registration from the table below.

	<b>Early Bird: 6/15/17– 10/27/17</b>	<b>Advance: 10/28/17– 1/19/18</b>	<b>Regular/Onsite: 1/20/18– 2/7/18</b>
<b>PHYSICIAN</b>			
■ MVP: CIO & ISET	\$1,499	\$1,699	\$1,749
■ CIO Only	\$549	\$749	\$799
<b>NURSE/ALLIED HEALTH PROFESSIONAL</b>			
■ MVP: CIO & ISET	\$599	\$599	\$599
■ CIO Only	\$249	\$249	\$299
<b>FELLOW/RESIDENT/STUDENT</b>			
■ MVP: CIO & ISET	\$699	\$699	\$749
■ CIO Only	\$199	\$249	\$299
<b>INDUSTRY/NON-CLINICAL</b> <small>(Please note that if you are employed by industry, you MUST register as Industry/Non-Clinical.)</small>			
■ MVP: CIO & ISET	\$1,699	\$1,799	\$1,799
■ CIO Only	\$649	\$849	\$949
<b>MILITARY/VA</b>			
■ MVP: CIO & ISET	\$699	\$699	\$749
■ CIO Only	\$199	\$249	\$299

## Registration Deadlines

**Early Rate**  
6/15/17–10/27/17

**Advance Rate**  
10/28/17–1/19/18

**Regular-Onsite Rate**  
1/20/18–2/7/18

Endorsed by:



In partnership with:

