



MONDAY, NOVEMBER 13 – THURSDAY, NOVEMBER 16, 2017 NEW YORK CITY

First Name: \_\_\_\_\_ Last Name (Surname, Family Name): \_\_\_\_\_ Degree: \_\_\_\_\_  
 Physician  Non-Physician Cleveland Clinic Employee?  Yes  No Specialty: \_\_\_\_\_  
 Affiliation: \_\_\_\_\_  
 Address Type:  Home  Other Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ (A valid registrant's e-mail address is required for confirmation and CME Certificate.)  
 Alternate E-mail: \_\_\_\_\_ (contact person)  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Full Registration (Monday - Thursday) Tuition includes access to the Monday Only and Thursday Only Component Meetings. Tuition\***

<input type="checkbox"/> Physicians	\$765
<input type="checkbox"/> Physicians Combination Rate - AIMsymposium and VEITHsymposium	\$1899
<input type="checkbox"/> US and Canadian Interventional Radiology Finishing Fellows in Training (Tuition is provided through an Educational Grant by W.L. Gore & Associates, Inc.) <b>Letter of verification from Chief of Service must be obtained prior to registration and faxed to (888) 418-7043. The letter must include the start and end dates of Interventional Radiology Fellowship.</b>	Complimentary
<input type="checkbox"/> Non-US Fellows (Trainees) (Letter of verification from Chief of Service must be obtained prior to registration and faxed to (888) 418-7043.)	\$500
<input type="checkbox"/> Residents <input type="checkbox"/> Physician Assistants (non-physician, clinical) <input type="checkbox"/> Nurses <input type="checkbox"/> Technologists	\$500
<input type="checkbox"/> Medical Students (Letter of verification from Dean must be obtained prior to registration and faxed to (888) 418-7043.)	\$250
<input type="checkbox"/> Allied Health Care Professionals, Venture Capitalists, and All Others	\$750

**I will attend the Venous Venous Venous Workshop**  
 Wednesday, November 15, 2017, 1 pm - 6 pm, Americas Hall 2, 3rd Floor  
 (Registration is limited to fully paid AIMsymposium registrants, excluding Industry Personnel.)

**Monday Only Component Meeting**

<input type="checkbox"/> Monday Only Registration - Oncology/Embolization	\$349
---	-------

**Thursday Only Component Meeting**

<input type="checkbox"/> Thursday Only Registration - Acute Stroke Management (Neurointervention)	\$349
---	-------

**Associate Faculty Podium Presentations Program: If you are submitting an abstract to the AIMsymposium Associate Faculty Program, please contact the Registrar at registrar@aimsymposium.org for registration fee.**

**\*Cancellation Policy: There is a \$95 cancellation fee if canceled in writing by October 13, 2017. No refunds will be made thereafter.**

**Payment Method**

Check Please make checks payable to the Cleveland Clinic Educational Foundation and mail to:  
 The Cleveland Clinic Educational Foundation  
 Attn: 02010736  
 P.O. Box 931653  
 Cleveland, OH 44193-1082

Checks must be received by October 31, 2017. Please include a copy of this registration form with your payment.

Name on Card: \_\_\_\_\_  Check  Amex  MC  VISA

Credit Card Number: \_\_\_\_\_ Verification Code (3-or 4-digit security code located on your card): \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_