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REGISTRATION FORM

***REGISTRATION NOT VALID WITHOUT FULL PAYMENT***

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

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| PARTICIPANT (Please, type or print clearly) First Name *(as it is to appear on your name badge)*  Last Name Title/Degree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Institution or Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City Country Post code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number Cell Phone Number Fax Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e-mail (*Please, type or print clearly)*  |

**SPECIALTY**

* Cardiovascular Surgeon
* Cardiothoracic Surgeon
* Endovascular Neurosurgeon
* General Surgeon
* Endovascular Surgeon
* Vascular Surgeon
* Interventional Cardiologist
* Interventional Neuroradiologist
* Endocrinologist
* Angiologist
* Radiologist
* Anesthesiologist
* Internist
* Family Medicine
* Nurse
* Interventional Radiologist
* Electrophysiologist
* Cardiologist
* Neumologist
* Neurologist
* Neuroradiologist
* Nephrologists
* Gastroenterologist
* Radiologist Technicians
* Lipidologist
* *Cardiovascular and Vascular Technicians*
* Regenerative Medicine
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*** *(Podiatrist, Technicians, Student, Industrial Partners, and Hospital Administration)*

\* Will not be accredited by Ponce Medical School Foundation. Received a certificate of participation if requested

**REGISTRATION FEES**

 ***(Includes for two days: Admission to: Welcome Reception, all conferences, meals and Accreditation from Ponce Medical School Foundation)***

Physician $250.00 Registration only Friday $70.00

* Supplemental Registration
* Supplemental Registration

 Podiatrist $220.00 Registration only Saturday $150.00

* Supplemental Registration
* Supplemental Registration

 Nurse/Radiologist/Cardiovascular Technicians $200.00

 Residents/Fellows $200.00

* Supplemental Registration

 Others Professionals $200.00

* Supplemental Registration

How did you heard about our NACET Interdisciplinary Summit? Postcard Newspaper Poster/Flyer Other:\_\_\_\_\_\_\_\_\_

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| **\*\* PAYMENT METHOD -WE DO NOT ACCEPT CHECKS AS PAYMENT METHOD-****pay.png**  |
| **Authorization and Release:** I consent and authorize the Corporation SPCD, Inc. to charge in the payment method here for the Registration Fees for the NACET Summit 2019. 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 2019 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, Wednesday, April 17, 2019.** All cancellations must be notified in **WRITING** **(telephones cancellations will not be accepted).** Any refunds will be given **after Friday, June 7, 2019.**  |

***Please, send your Registration Form by Fax: 787- 813-0908 or e-mail: nacetsummit2018@gmail.com / www.spcdpr.com***

 **HOUSING:** Sheraton Puerto Rico Hotel & Casino is located in **200 Convention Blvd., San Juan, PR**. Group Rate of $179.00 for Single or Double Occupancy, plus taxes and fees per night. Extra 3rd and 4th persons (over 17 years old) please add $30.00 per person. Maximum occupancy 4 persons per room.Room Reservations with Special Rate are limited**.**

**Deadline to make a reservation: Tuesday, March 5, 2019.**

To make, modify or cancel a reservation please access https://www.starwoodmeeting.com/Book/NACET2018

***Please, send your Registration Form by e-mail:*** ***nacetsummit@gmail.com*** ***or Fax: 787- 813-0908 / www.spcdpr.com***