

New England Society for Vascular Surgery
Mock Oral Examination
Registration Form

University of Massachusetts Medical School; Worcester, MA

Third floor of Medical School, Room S3-825; Saturday, April 8, 2017

FIRST GROUP: Please plan on a **7:30am arrival time** for room assignments.

SECOND GROUP: Please plan on a **9:30am arrival time** for room assignments.

Name: _____ PGYLevel: _____

Training Program: _____

Program Coordinator email: _____

By signing below, you are committing to participation, as assigned, in this event. Please give as much notice as possible, if you need to cancel for any reason.

Signature: _____

In order to secure your spot, please return this signed form **no later than November 15, 2016** in any of the following methods:

Email: Jessica.Simons@umassmemorial.org

Fax: (508) 856-8329, Attention: Jessica Simons, MD

Mail: Dr Jessica Simons, Division of Vascular and Endovascular Surgery

University of Massachusetts Medical School

55 Lake Avenue North, S3-824

Worcester, MA 01655



In conjunction with UVASC SIMULATION COURSE

