

# 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: \_\_\_\_\_

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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](mailto:Jessica.Simons@umassmemorial.org)

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

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

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In conjunction with UVASC SIMULATION COURSE

