

Chairmen: Robert E. Beasley, MD | Carlos I. Mena, MD | Craig M. Walker, MD

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Degree/Credentials \_\_\_\_\_

Affiliation/Institution \_\_\_\_\_

Specialty:  Interventional Cardiology  Interventional Radiology  Vascular Surgery  Other: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email (only one per person) \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Date of Fellowship Completion \_\_\_\_\_ Dietary Restrictions \_\_\_\_\_

### PAYMENT INFORMATION

\$500 administrative fee will be processed at time of application approval and refunded onsite May 31, 2019, upon completion of Fellows Course and Annual Conference attendance requirements.

Please check the box and sign below to agree to these terms and conditions.  I agree

Cardholder's Name \_\_\_\_\_

Card Type:  Visa  MasterCard  Discover  American Express

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*All cancellations prior to Friday, May 3, 2019, 5:00 pm (CST) will result in charging credit card on file the travel agency fee of \$35 and airfare cancellation fees.

\*All cancellations after Friday, May 3, 2019, 5:00 pm (CST) will result in charging the card on file all fees that NCVH incurs (includes but not limited to, flight, hotel and registration fees).

### SUBMIT APPLICATION

Email | fellows@ncvh.org

Fax | 337.993.7922

Mail | NCVH Foundation  
 3639 Ambassador Caffery Pkwy, Suite 605  
 Lafayette, LA 70503

Phone | 337.993.7920



\* Full policy regarding reimbursements and qualifications for the 2019 NCVH Fellows Course is available at [ncvh.org/fellows](http://ncvh.org/fellows)

337.993.7920 | [fellows@ncvh.org](mailto:fellows@ncvh.org) | [ncvh.org/fellows](http://ncvh.org/fellows)