



PACIFIC NORTHWEST VASCULAR SOCIETY

**ADVANCE
PROGRAM**

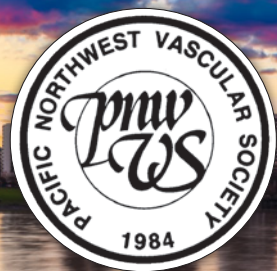
PNWVS 2020

ANNUAL MEETING

October 30, 2020

VIRTUAL MEETING

Check the website for registration and additional information at www.pacificnwvascular.org



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2020 EXECUTIVE COUNCIL

Brian Ferris, MD
President

Nam Tran, MD
Past President

Jeff Pasenau, MD
Incoming President

Glen Roseborough, MD
Secretary Treasurer

Matthew Sweet, MD
Program Chair

Christian Hamlat, MD
Senior Councillor

Enjae Jung, MD
Middle Councillor

Sherene Shalhub, MD
Junior Councillor

Jason Faulds, MD
Junior Councillor

Amani Politano, MD
Local Arrangements Chairman

Heather Roderick
Executive Director

CONTACT INFORMATION

Pacific Northwest Vascular Society

Heather Roderick

Telephone: 360-420-6906

Fax: 360-261-6077

pnwvascular@gmail.com

<http://pacificnwvascular.org>



Dear Friends and Members,

For over three decades the Pacific Northwest Vascular Society has focused on the mission laid out by the founders: **To contribute to the understanding of vascular diseases by promoting the professional development of specialists in vascular disease. To maintain high standards in caring for the patient with vascular disease by providing a forum for the presentation of scientific information and the proposal of theories concerning vascular diseases.**

The annual meeting has always been an opportunity to meet old friends and colleagues, develop new

relationships, and exchange knowledge to advance vascular care in the Pacific Northwest. The meeting is also a vehicle to showcase vascular surgery and stimulate interest in our medical students and residents as they are the future of our profession. Personally, I still remember the first meeting that I attended in 2001 in Victoria BC. It is the spirit of collaboration and collegiality that bring me back to this meeting year after year. Moving forward, the success of our society is dependent on continual support of all members. Our scientific programs over the last several years have been geared to highlight and represent information that is valuable and relevant to the vascular surgeon in all practice settings. At the same time, the PNWVS mentorship program which was started during my time as program chair has grown in the last several years. Via scholarships, our society has been able to support medical students and residents from the Pacific Northwest to attend the meeting to present their work, meet and talk with our members, and stimulate their interest in vascular surgery as a career.

This year's meeting has pivoted to a two-hour virtual event on October 30th for the health and safety of our membership. As usual, our gathering will be geared towards surgical education of members in community practice, academic surgeons, residents and medical students. Under the guidance of our program chair, Dr. Matt Sweet, the program promises to be innovative and exciting.

Plan to join us for the strongest CME, mentorship, networking in an intimate setting where vascular surgery knowledge will advance for all who attend.

Brian Ferris, MD
2020 President, Pacific Northwest Vascular Society



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REGISTRATION FORM

REGISTRANT INFORMATION *Please print*

FIRST NAME (as you want to appear on name badge) _____ LAST NAME _____ DEGREE (e.g. MD, PhD, RN) _____

INSTITUTION _____

ADDRESS _____

CITY / STATE / ZIP OR CITY / PROVINCE / POSTAL CODE / COUNTRY _____

OFFICE PHONE _____ FAX _____

EMAIL _____ OFFICE CONTACT (cc email address) _____

REGISTRATION FEES

	QTY.	TOTAL
<input type="checkbox"/> Membership Dues	\$250 _____	\$ _____
<input type="checkbox"/> Member Meeting Registration	\$ 50 _____	\$ _____
<input type="checkbox"/> Non Member Physician Meeting Registration	\$50 _____	\$ _____
<input type="checkbox"/> Residents, Medical Students and Guests	No charge _____	\$ _____
	GRAND TOTAL _____	\$ _____

PAYMENT INFORMATION

Full payment must be received with the registration form via a check or by credit card by filling out the information below. **NO BALANCE DUES ARE PERMITTED.**

- Check** — Payable to **Pacific Northwest Vascular Society**
Mail to 1411 5th Street, Anacortes, WA 98221
- Credit Card** — Fax to 360-261-6077 AmEx MC VISA Discover

NAME AS IT APPEARS ON CARD _____

CARD NUMBER _____ CVC CODE _____

EXPIRATION DATE _____ SIGNATURE _____

STREET ADDRESS & ZIP CODE CREDIT CARD STATEMENTS ARE SENT TO _____

PREFER TO REGISTER ONLINE?

PACIFICNWVASCULAR.ORG

FORM INSTRUCTIONS

- ONE form per registrant, please

Registration Confirmations will be sent to the email addresses on this form.

QUESTIONS?

Pacific Northwest Vascular Society
1411 5th St.
Anacortes, WA 98221

Heather Roderick
Telephone: 360-420-6906
Fax: 360-261-6077
Email: pnwvascular@gmail.com
Web: <http://pacificnwvascular.org>
PNWVS Tax ID: 91-1283820



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#PNWVS2020