



Vascular Surgery Interest Group Registration Request Form

NAME OF INTEREST GROUP

INSTITUTION

NAME OF FACULTY ADVISOR

FACULTY ADVISOR EMAIL

MISSION STATEMENT

GROUP CONTACT

FIRST NAME

LAST NAME

EMAIL ADDRESS

YEAR IN TRAINING:

DOES YOUR VSIG HAVE ANY SOCIAL MEDIA SITES OR A WEB SITE? IF SO, PLEASE ENTER THE LINKS BELOW. TO HELP PROMOTE YOUR VSIG WE WILL BE POSTING THIS INFORMATION ON THE SVS WEBSITE AS WELL AS ON THE RESIDENT AND STUDENT SOCIAL MEDIA SITES.

SUBMITTED BY:

DATE:

QUESTIONS? EMAIL STUDENTRESIDENT@VASCULARSOCIETY.ORG. TO SUBMIT PLEASE CLICK 'SUBMIT,' FAX TO 312-334-2320 OR EMAIL TO STUDENTRESIDENT@VASCULARSOCIETY.ORG.

KNOW SOMEONE INTERESTED IN STARTING A VSIG? SHARE THIS FORM.

