



PHYSICIANS-IN-TRAINING ELIGIBILITY VERIFICATION

VIVA and The VEINS at VIVA are excited to invite qualifying fellows and residents to register for this year's conferences!

Once again, a limited number of scholarships are available to cover registration fees, hotel, and airfare for physicians in training. Additional details are available at www.vivaphysicians.org. The process is as follows:

1. Complete this form, including the signature of your program director.
2. Register as a **Face-Off Physician in Training** by visiting vivaphysicians.org/register and uploading this form.
3. We will process your registration after June 1 and send you confirmation materials, including instructions and requirements for scholarship applications.

To apply for a scholarship, you must be in a qualifying program in 2021 and must meet the Face-Off deadlines and requirements. Requirements are listed at vivaphysicians.org/physicians-in-training.

Important Dates:	July 19	Registration deadline
	August 2	Scholarship application and presentation due on correct PowerPoint template
	August 12	Scholarships awarded
	August 20	Travel must be finalized through our travel provider

Unfortunately, missed deadlines disqualify you from the scholarship program and the physician tuition rate will be charged.

PLEASE PRINT LEGIBLY

NAME: _____ MOBILE NUMBER: _____

EMAIL: _____ NPI #: _____

INSTITUTION: _____

Interventional Cardiology Interventional Radiology Vascular Surgery Vascular Medicine

Note: diagnostic radiology and general surgery fellows are not permitted to enter the scholarship program

Fellow Resident Program Year (eg, PG-Y3): _____

To be completed by your current program director:

I certify that the physician listed above is in or has completed the fellows/resident program in 2021. I understand that he/she will be considered a fellow/resident for registration and competition purposes during the annual **VIVA / VEINS** conferences and will be available to attend VIVA (October 4-7) and/or The VEINS plus VIVA (October 3-7).

DIRECTOR NAME (print): _____ EMAIL: _____

INSTITUTION: _____

DIRECTOR SIGNATURE: _____ DATE: _____

Upload this completed form via the registration page on www.vivaphysicians.org/register.
For additional information or clarification, please contact Christopher Ebbe at cebbe@vivaphysicians.org