

Event and Class Registration Form

Participant Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: (____) _____

Email: _____

Event and Class Information

Name of Event or Class: _____

Date: _____ Location: _____

Register by Mail: Mail completed form to: Vascular Access Specialists
406 South Landmark Avenue
Bloomington, Indiana 47403

Register by Fax: Fax completed form to (812) 323-8211.

A confirmation of receipt of registration will be sent by email. For questions, please call
(866) 520-7422.