

Tuesday, November 17 - Saturday, November 21, 2026

208:10:21  
DAYS HOURS MINUTES

## VEITHsymposium Individual Registration

### Personal Information

\* Denotes Required Fields

\* First Name  \* Last Name (Surname, Family Name)

Degree: *Physicians/surgeons/professors, select MD or DO*  
 Select Degree

National Provider Number (NPI)

\* Physician or Non-Physician:  
 Physician  Non-Physician

Specialty

If Other

Affiliation

\* Cleveland Clinic Employee?:  
 Yes  No

\* Address Type:  
 Home  Other

Address  City

\* State/Province  \* Zip/Postal Code  \* Country

**A valid registrant's email address is required for confirmation and CME Certification**

\* E-Mail - *This e-mail address can be used only once*  \* Alternate E-Mail (Secretary/Assistant)

U.S. Telephone:  -  -  or International Telephone

Cell Phone:  -  -  or International Cell Phone

U.S. Fax:  -  -  or International Fax

Comments

### Full Registration: Tuesday-Saturday

*Tuition includes access to all Saturday Only Component Meetings.*

<input type="radio"/> Physicians (excluding Fellows/Trainees and Residents)	\$1449
<input type="radio"/> Non-US Fellows and Residents (Trainees) ( <i>Letter of verification from Chief of Service must be obtained prior to registration and sent by email to registrar@veithsymposium.org</i> )	\$729
<input type="radio"/> Nurse Practitioners	\$729
<input type="radio"/> Physician Assistant (non-physician, clinician)	\$729
<input type="radio"/> Residents, Interns and Non-Finishing US Fellows	\$679
<input type="radio"/> Nurses	\$679
<input type="radio"/> Technologists	\$679
<input type="radio"/> Medical Students ( <i>Letter of verification from Dean must be obtained and sent by email to registrar@veithsymposium.org</i> )	\$529
<input type="radio"/> Exhibitors - (Requires Discount Code) <i>This fee applies to companies exhibiting at the meeting. Please contact your meeting coordinator to register. Clinicians who are seeking CME credits or who wish to use degrees (i.e., MD, PhD) on their meeting badge must register at the Allied Healthcare Professional rate of \$979. All other clinicians should select the appropriate category above (i.e. RN, PA, etc).</i>	\$699
<input type="radio"/> Exhibitors - AIM Thursday Only (Requires Discount Code) <i>This fee applies to companies exhibiting at the meeting. Please contact your meeting coordinator to register.</i>	\$349
<input type="radio"/> Exhibitors - Saturday Only (Requires Discount Code) <i>This fee applies to companies exhibiting at the meeting. Please contact your meeting coordinator to register.</i>	\$500
<input type="radio"/> Pavilion Holders (Discount Code Required)	\$699
<input type="radio"/> Allied Health Care Professionals, Venture Capitalists, and All Others	\$979
<input type="radio"/> Staff and Miscellaneous (Discount Code Required, NOT FOR EXHIBITOR USE)	Complimentary
<input type="radio"/> <b>I will attend the VVV@Vs® (Venous, Venous and More Venous at VEITHsymposium®),</b> Wednesday, November 18, 2026, 1:00pm-6:00pm, Americas Hall 1 (South), 3rd Floor (Registration is limited to 200 fully paid VEITHsymposium registrants.) <b>(This is a Non-CME Activity)</b>	\$25 or \$100
<input checked="" type="radio"/> Not registering	
<input type="radio"/> Registered Clinicians (Non-industry): \$25	
<input type="radio"/> Registered Industry, Including Exhibitors: \$100	

### Thursday Only - Multidisciplinary Acute Stroke Management at VEITHsymposium

<input type="radio"/> Thursday, November 19, 2026, 7:45 a.m. - 12:15 p.m. Location: Americas Hall 1 (North), 3rd floor <i>Tuition includes access to any VEITHsymposium Thursday Sessions.</i>	\$349
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### Thursday Only - AIM at VEITHsymposium

<input type="radio"/> Thursday, November 19, 2026, 7:50 a.m. - 6:20 p.m. Location: Americas Hall 1 (South), 3rd Floor <i>Tuition includes access to any VEITHsymposium Thursday Sessions.</i>	\$349
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### Friday Only VEITHsymposium Fellows' Career Development

FRIDAY, NOVEMBER 20, 2026  
8:00 a.m. to 5:00 p.m.; Americas Hall 1, 3rd Floor  
**(This is a Non-CME Activity.)**

<input type="radio"/> Potential Employer/recruiter <b>For Employers/Recruiters not registered at VEITHsymposium</b> <i>Tuition includes access to any VEITHsymposium Friday Sessions</i>	\$500
If you are a VEITHsymposium registrant you have complimentary access to the Fellows' Career Development: <input checked="" type="radio"/> I will not be attending the Fellows' Career Development <input type="radio"/> I am a Potential Employer/Recruiter who is already registered for VEITHsymposium <input type="radio"/> I am a Graduating Fellow/Attending Seeking New Opportunity	

### Saturday Only, November 21, 2026

<input type="radio"/> Saturday Only - VEITHsymposium (Miscellaneous Topics) Location: TBD <i>Tuition includes access to any Saturday Only Component.</i>	\$349
<input type="radio"/> Saturday Only Component - Hemodialysis Access (Physicians only) Location: TBD <i>Tuition includes access to any Saturday Only Component.</i>	\$349
<input type="radio"/> Hemodialysis Access (Non-physician, clinician rate [not available to industry personnel]) Location: TBD <i>Tuition includes access to Hemodialysis Access Only</i>	\$150

### Payment Method

Override Amount (-1 for Complimentary):

Discount Code (If applicable)

Credit Card Payment (Pay now) Select this option to pay securely online now

Check  
Please note that checks must be received by 10/31/2026 and a copy of the registration form should accompany the check.  
Please make checks payable to the Cleveland Clinic Educational Foundation and mail to:  
The Cleveland Clinic Educational Foundation  
Attn: EMCC104  
P.O. Box 931653  
Cleveland, OH 44193-1082  
If sending by courier such as Federal Express, UPS or DHL, please send to:  
  
The Cleveland Clinic Educational Foundation  
Attn: Lockbox 931653  
4100 West 150th Street  
Cleveland, OH 44135

Cash

Wire/Bank Transfer US Dollars  
**Wire transfers will incur an additional \$30 to the registration fee.** Please note that wires must be received by 10/31/2026 and that the name of the registrant/registrants MUST appear on the wire transfer. Please send e-mail to [registrar@VEITHsymposium.org](mailto:registrar@VEITHsymposium.org) for bank instructions

Complimentary Select this option if your registration is complimentary.

Offline Credit Card Credit Card will be processed manually at a later time.

I have read and accept that there is a \$95 cancellation fee if canceled in writing by October 19, 2026. No refunds will be made thereafter. However, VEITHsymposium and Cleveland Clinic Center for Continuing Education reserves the right to cancel, postpone or modify an activity type at our sole discretion. In the event that this occurs, any registration fee(s) paid will be refunded. Be advised that VEITHsymposium and Cleveland Clinic are not responsible for related costs including airline tickets, hotel costs, or any similar fee penalties incurred as a result of any Activity cancellations or changes.

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Certificate of Attendance (NON-CME)  
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#### Exhibitors

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#### Program

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#### Faculty

Faculty  
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Associate Faculty  
Associate Faculty Registration

#### Acknowledgments

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#### Press

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