

**BUSINESS PUBLICATION CIRCULATION STATEMENT  
FOR THE 6 MONTH PERIOD ENDED JULY 2009**

No attempt has been made to rank the information contained in this report in order of importance, since BPA Worldwide believes this is a judgment, which must be made by the user of the report.

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Official Publication of: The Society  
For Vascular Surgery  
Established: 2005  
Issues Per Year: 6

**FIELD SERVED**

Vascular Specialist serves all U.S. and Canadian members of the Society for Vascular Surgery and U.S. physicians in the specialties related to vascular surgery.

**DEFINITION OF RECIPIENT QUALIFICATION**

Qualified Recipients include U.S. and Canadian members of the Society for Vascular Surgery and U.S. office and hospital based physicians in the specialties of endovascular surgical neuroradiology, vascular medicine, vascular neurology, and vascular surgery as detailed in paragraph 3a.

AVERAGE NON-QUALIFIED CIRCULATION	
NON-QUALIFIED Not Included Elsewhere	Copies
Other Paid Circulation _____	-
Advertiser and Agency _____	79
Rotated or Occasional _____	-
Allocated for Trade Shows and Conventions _____	67
Electronic _____	-
All Other _____	351
<b>TOTAL</b>	<b>497</b>

1. AVERAGE QUALIFIED CIRCULATION BREAKOUT FOR PERIOD						
QUALIFIED CIRCULATION	Total Qualified		Qualified Non-Paid		Qualified Paid	
	Copies	Percent	Copies	Percent	Copies	Percent
Individual _____	1,211	32.4	1,211	32.4	-	-
Sponsored Individually Addressed __	-	-	-	-	-	-
Membership Benefit _____	2,522	67.6	2,522	67.6	-	-
Multi-Copy Same Addressee _____	-	-	-	-	-	-
Single Copy Sales _____	-	-	-	-	-	-
<b>TOTAL QUALIFIED CIRCULATION</b>	<b>3,733</b>	<b>100.0</b>	<b>3,733</b>	<b>100.0</b>	-	-

2. QUALIFIED CIRCULATION BY ISSUES WITH REMOVALS AND ADDITIONS FOR PERIOD											
2009 Issue	*Number Removed	*Number Added	Qualified Non-Paid	Qualified Paid	Total Qualified	2009 Issue	*Number Removed	*Number Added	Qualified Non-Paid	Qualified Paid	Total Qualified
March/ April _____					3,655						
July/ August _____											3,806
May/ June _____					3,739						
<b>TOTAL</b>											

\*See Paragraph 9

3a. BUSINESS/OCCUPATION BREAKOUT OF QUALIFIED CIRCULATION FOR ISSUE OF JULY/AUGUST 2009									
This issue is 2.9% or 109 copies above the average of the other 2 issues reported in Paragraph two.									
PROFESSIONAL CLASSIFICATION		TOTAL QUALIFIED	PERCENT OF TOTAL	MAJOR PROFESSIONAL ACTIVITY FOR UNITED STATES & POSSESSIONS INCLUDING APO & FPO					
				PATIENT CARE					Society Members
				Office Based Practice (A)	Hospital-Based Practice			Total (Patient Care) (F)	
					Residents (C)	Full Time Hospital Staff (D)	Total (Hospital Based) (E)		
ESN	Endovascular Surgical Neuroradiology _____	8	0.2	7	1	-	1	8	-
VM	Vascular Medicine _____	17	0.5	13	-	4	4	17	-
VN	Vascular Neurology _____	36	0.9	11	24	1	25	36	-
VS	Surgery, Vascular _____	1,047	27.5	869	121	57	178	1,047	-
	Members of the Society for Vascular Surgery ____	2,698	70.9	-	-	-	-	-	2,698
<b>TOTAL QUALIFIED CIRCULATION</b>		<b>3,806</b>	<b>100.0</b>	<b>900</b>	<b>146</b>	<b>62</b>	<b>208</b>	<b>1,108</b>	<b>2,698</b>
<b>PERCENT</b>		<b>100.0</b>		<b>23.6</b>	<b>3.9</b>	<b>1.6</b>	<b>5.5</b>	<b>29.1</b>	<b>70.9</b>

3b. QUALIFICATION SOURCE BREAKOUT OF QUALIFIED CIRCULATION FOR ISSUE OF JULY/AUGUST 2009							
QUALIFICATION SOURCE	Qualified Within			Qualified Non-Paid	Qualified Paid	Total Qualified	Percent
	1 Year	2 Years	3 Years				
I. Direct Request: _____	-	-	-			-	-
II. Request from recipient's company: _____	-	-	-			-	-
III. Membership Benefit: _____	2,698	-	-			2,698	70.9
IV. Communication from recipient or recipient's company (other than request): _____	-	-	-			-	-
V. TOTAL - Sources other than above (listed alphabetically): _____	1,108	-	-			1,108	29.1
*Association rosters and directories _____	1,108	-	-			1,108	29.1
Business directories _____	-	-	-			-	-
Manufacturer's, distributor's, and wholesaler's lists _____	-	-	-			-	-
Other sources _____	-	-	-			-	-
VI. Single Copy Sales: _____	-	-	-			-	-
<b>TOTAL QUALIFIED CIRCULATION</b>	<b>3,806</b>	-	-			<b>3,806</b>	<b>100.0</b>
<b>PERCENT</b>	<b>100.0</b>	-	-			<b>100.0</b>	

\*See Paragraph 9

3c. MAILING ADDRESS BREAKOUT OF QUALIFIED CIRCULATION FOR ISSUE OF JULY/AUGUST 2009				
MAILING ADDRESS	Qualified Non-Paid	Qualified Paid	Total Qualified	Percent
Individuals by name and title and/or function _____			3,806	100.0
Individuals by name only _____			-	-
Titles or functions only _____			-	-
Company names only _____			-	-
Multi-Copy Same Addressee copies _____			-	-
Single Copy Sales _____			-	-
<b>TOTAL QUALIFIED CIRCULATION</b>			<b>3,806</b>	<b>100.0</b>

4. GEOGRAPHICAL BREAKOUT OF QUALIFIED CIRCULATION FOR ISSUE OF JULY/AUGUST 2009					
State & Zip Code	Total Qualified	Percent	State & Zip Code	Total Qualified	Percent
039-049 Maine _____	16		400-427 Kentucky _____	51	
030-038 New Hampshire _____	36		370-385 Tennessee _____	91	
050-059 Vermont _____	10		350-369 Alabama _____	42	
010-027 Massachusetts _____	174		386-397 Mississippi _____	16	
028-029 Rhode Island _____	10		<b>EAST SO. CENTRAL</b>	<b>200</b>	<b>5.2</b>
060-069 Connecticut _____	57		716-729 Arkansas _____	14	
<b>NEW ENGLAND</b>	<b>303</b>	<b>8.0</b>	700-714 Louisiana _____	56	
100-149 New York _____	352		730-749 Oklahoma _____	10	
070-089 New Jersey _____	144		750-799 Texas _____	212	
150-196 Pennsylvania _____	205		<b>WEST SO. CENTRAL</b>	<b>292</b>	<b>7.7</b>
<b>MIDDLE ATLANTIC</b>	<b>701</b>	<b>18.4</b>	590-599 Montana _____	10	
430-459 Ohio _____	183		832-838 Idaho _____	9	
460-479 Indiana _____	57		820-831 Wyoming _____	5	
600-629 Illinois _____	147		800-816 Colorado _____	49	
480-499 Michigan _____	137		870-884 New Mexico _____	12	
530-549 Wisconsin _____	49		850-865 Arizona _____	65	
<b>EAST NO. CENTRAL</b>	<b>573</b>	<b>15.1</b>	840-847 Utah _____	24	
550-567 Minnesota _____	61		889-898 Nevada _____	19	
500-528 Iowa _____	36		<b>MOUNTAIN</b>	<b>193</b>	<b>5.1</b>
630-658 Missouri _____	85		995-999 Alaska _____	1	
580-588 North Dakota _____	5		980-994 Washington _____	92	
570-577 South Dakota _____	9		970-979 Oregon _____	46	
680-693 Nebraska _____	20		900-961 California _____	395	
660-679 Kansas _____	25		967-968 Hawaii _____	13	
<b>WEST NO. CENTRAL</b>	<b>241</b>	<b>6.3</b>	<b>PACIFIC</b>	<b>547</b>	<b>14.4</b>
197-199 Delaware _____	9		<b>UNITED STATES</b>	<b>3,798</b>	<b>99.8</b>
206-219 Maryland _____	103		969 & 004-009 U.S. Territories _____	8	
200-205 Washington, DC _____	25		Canada _____	-	
220-246 Virginia _____	109		Mexico _____	-	
247-268 West Virginia _____	12		Other International _____	-	
270-289 North Carolina _____	104		APO/FPO _____	-	
290-299 South Carolina _____	49		<b>TOTAL QUALIFIED CIRCULATION</b>	<b>3,806</b>	<b>100.0</b>
300-319 Georgia _____	116				
320-349 Florida _____	221				
<b>SOUTH ATLANTIC</b>	<b>748</b>	<b>19.6</b>			

7. AVERAGE ANNUAL AUDITED QUALIFIED CIRCULATION AND CURRENT UNAUDITED CIRCULATION STATEMENTS					
6-Month Period Ended:	Audited Data	Audited Data	Audited Data	Circulation Claim	Circulation Claim
	2006	2007	February-July 2008	August - January 2008/2009*	February-July 2009*
Total Audit Average Qualified: _____	7,686	6,231	6,186	6,573	3,733
Qualified Non-Paid: _____	7,686	6,231	6,186	6,573	3,733
Qualified Paid: _____	-	-	-	-	-
Post Expire Copies included in Paid Circulation: _____	**NC	**NC	**NC	**NC	**NC
Average Annual Order Price: _____	**NC	**NC	**NC	**NC	**NC

\*NOTE: August 2008- July 2009 data is unaudited. With each successive period, new data will be added until six 6-month periods are displayed.

\*\*NC = None Claimed.

8. PAID CIRCULATION DATA	
***NC	Average Annual Subscription Order Price for the Period. (includes promotional incentive value, if any)
6	Issues Per Year
***NC	All Single Copy Sales Prices for the Period
***NC	Renewal Rate of Paid Subscribers (Optional)

**9. ADDITIONAL DATA:**

**PARAGRAPH 2:**

Additions and removals are not required since the circulation list is obtained from the American Medical Association franchise mailing list house each month.

**PARAGRAPH 3b:**

Association rosters and directories include 1 source of circulation for a quantity of 1,108 copies or 29.1%, including the American Medical Association.

**PARAGRAPHS 5 AND 6 ARE NOT REQUIRED.**

PUBLISHER'S AFFIDAVIT		
We hereby make oath and say that all data set forth in this statement are true.		
Alan Imhoff, President, IMNG	Date signed	August 12, 2009
Barbara Cavallaro, Circulation Analyst	State	New Jersey
	County	Morris
(At least one of the above signatures must be that of an officer of the publishing company or its authorized representative.)	Received by BPA Worldwide	August 12, 2009
<b>IMPORTANT NOTE:</b>	Type	PJ
This unaudited circulation statement has been checked against the previous audit report. It will be included in the annual audit made by BPA Worldwide.	ID Number	V090P0J9