Registration and Housing—Form 1

Step 1: Contact Information

RSNA/AAPM Member Number

Last Name / Family Name | Degree(s)

First Name

Title

Nickname on badge

Institution / Office / Hospital

Address (Line 1) ○ Home ○ Office

Address (Line 2)

City / State / ZIP | Country

E-mail Address

Telephone + Country & City Code, if applicable

Fax Number

Cellular Telephone and Provider Name (for Emergency Text Broadcasting purposes only)

Accompanying Spouse/Family Member(s). *(Children under the age of 16 will not be admitted.)*

Step 2: Registration Category

Registration Category _____ (ie, 23A).
See page 49 for registration requirements.

Registration Categories 15, 18, and 23 must submit a business card, verification letter, valid RT license copy or student ID copy; otherwise, your registration will not be processed.

Categories 10, 11, 13, and 14 must indicate a practice setting:

○ Academic ○ Private ○ Hospital Setting

Category 13 Only — Are you in training?

○ Yes ○ No

Step 3: Primary Specialty

Circle one subspecialty code from the following:

Breast/Mammography . . . . .BR
Cardiac Radiology. . . . . .CR
Chest . . . . . .CH
Computed Tomography . . . .CT
Diagnostic Radiology . . . . . .DR
Gastrointestinal . . . . . .GI
General. . . . . .GN
Genitourinary . . . . . .GU
Head & Neck . . . . . .HN
Health Policy & Practice . . .HP
Informatics . . . . . .IF
Magnetic Resonance . . . . . .MR
Molecular Imaging . . . . . .MI
Musculoskeletal . . . . . .MK
Neuroradiology . . . . . .NR
Nuclear Medicine . . . . . .NM
Pediatric Radiology . . . . . .PD
Radiation Oncology . . . . . .RO
Radiation Physics. . . . . .PH
Radiobiology . . . . . .RB
Ultrasound . . . . . .US
Vascular & Interventional . .VI
Whole-Body Imaging . . . . . .WB
Other . . . . . .OT
If other _____

Step 4: Demographic Information

Continuing Education Certificate – *check only one:*

○ **Physician CME Certificate:**
- *Are you Board Certified in North America? Y / N*

○ **CE Certificate for ARRT**

○ **Non-Physician Certificate:**
- *Physicists: do you require transfer of CME credit to CAMPEP? Y / N*
- *Are you ABR certified? Y / N*

○ **I do not require a certificate.**

Age Range:
○ under 25 ○ 25 – 34 ○ 35 – 44 ○ 45 – 54
○ 55 – 64 ○ 65 and over

Sex: ○ male ○ female

○ E-mail a Chicago Tours & Events brochure to me

○ This is my first RSNA Annual Meeting

○ Check here if, under the Americans with Disabilities Act, you require accommodations or services in order to attend. You will be contacted by RSNA.

Step 5: Hotel Reservation

Complete your hotel selection or go to step 6. Refer to page 46.

Arrival Day / Date | Departure Day / Date

1st choice: Hotel Number & Name | 2nd choice: Hotel Number & Name | 3rd choice: Hotel Number & Name

○ Single (1 bed) ○ Double (2 persons / 1 bed) ○ Twin (2 persons / 2 beds) ○ Suite ○ Smoking ○ Non-smoking

Person(s) sharing my room (Other than spouse / family listed in Step 1 above)

If my choices are unavailable, please book a room based on: ○ Rate $ _____ ○ Location ○ Other: _____
Room Rate Desired

I do not require a hotel reservation because: ○ I will reserve a room later. ○ I am staying at a local residence.

○ I have reservations at (hotel): _____ ○ I am sharing a room reserved by: _____

Information used for emergency contact during the meeting

Step 6: Payment Information

Registration rate (See page 49) $ _____

Hotel reservation deposit enclosed $ 300.00
($300 deposit must accompany this form)

Additional Fee Courses (See page 3)
Financial Seminars
Sat: $149 Mon: $179 Both: $299 $ _____
NIH Grantsmanship Workshop: $35 $ _____

Total payment enclosed $ _____

○ Check #_____ ○ American Express ○ Discover ○ MasterCard ○ Visa
(payable to RSNA 2009 in U.S. funds, drawn on a U.S. bank)

Card number | Expires Month / Year

Name as it appears on card

Signature required *I authorized RSNA to charge my credit card for the total amount listed. If my fees are totaled incorrectly, RSNA will make the necessary adjustments and charge my credit card accordingly.*

Mail
Experient/RSNA 2009
568 Atrium Dr
Vernon Hills, IL 60061 USA

Internet
RSNA.org/register

Fax
1-800-521-6017
1-847-996-5401
(Outside U.S. & Canada)

Telephone
1-800-650-7018
1-847-996-5876
(Outside U.S. & Canada)

E-mail questions to:
rsna@experient-inc.com

RSNA Radiological Society of North America Founded in 1915