RSNA 2009
Quality Counts

Media Advance Registration and Housing Form

Final Housing Deadline

November 6, 2009

☐ I cannot attend RSNA 2009, but would like to receive a press kit (available in November).

Name/Address Information

1

Last Name / Family Name

First Name

Job Title / News Beat

2

Name as it should appear on badge if different from above

3 Address: ☐ Home ☐ Office

Name of Media Outlet

Address (Line 1)

Address (Line 2)

City / State / Zip / Country

4

E-mail (Experient: cc: hotel confirmations to Linda Brooks at *lbrooks@rsna.org*)

Phone + Country & City Code, if applicable

Fax + Country & City Code, if applicable

Note: Previous attendees must submit a copy of their latest RSNA story.

Hotel Reservation

Complete your hotel selection or go to step #9. See registration brochure at *RSNA2009.RSNA.org* for hotel selections.

5

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

6

Arrival Day / Date

Departure Day / Date

7

Person(s) sharing my room

8 If my choices are unavailable, please book a room based on: ☐ Rate $ _____ ☐ Location ☐ Other: _____

Room Rate Desired

9 I do not require a hotel reservation because: ☐ I have reservations at (hotel): _____

Information used for emergency contact during the meeting

☐ I am staying at a local residence. ☐ I am sharing a room reserved by: _____ ☐ I will reserve a room later.

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

10 Payment Information

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

Total Payment Enclosed $ _____

☐ American Express
☐ Discover
☐ MasterCard
☐ Visa
☐ *Check #_____

(*Payable to RSNA 2009 in U.S. funds, drawn on a U.S. bank. By sending your check to us, you authorize RSNA to convert the check into an electronic funds transfer. Please be aware that your bank account may be debited the same day we receive your payment.)

Card number

Name as it appears on card

Signature required

Expires Month / Year

Billing ZIP/postal code

Mail
RSNA
820 Jorie Blvd.
Oak Brook, IL 60523-2251, USA
Attn: Linda Brooks

E-mail
media@rsna.org

Fax
1-630-571-7837
Attn: Linda Brooks

Telephone
1-630-590-7762

For information online, visit *RSNA.org/media*

RSNA Radiological Society of North America Founded in 1915