

# Registration and Housing Form

## 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 \_\_\_\_\_

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 12 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 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.**

This is my first RSNA Annual Meeting

**Age Range:**

under 25  25 – 34  35 – 44  45 – 54

55 – 64  65 and over


**Gender:**  male  female

E-mail a Chicago Tours & Events brochure to me

## 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 \_\_\_\_\_

  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 9.

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

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

Registration rate (See page 12) \$ \_\_\_\_\_

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

Total payment enclosed \$ \_\_\_\_\_

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.