

THE UTAH SOCIETY OF RADIOLOGIC TECHNOLOGISTS

WINTER CONFERENCE • FEBRUARY 23, 2019

INTERMOUNTAIN MEDICAL CENTER

Doty Education Building #6 * 5121 So. Cottonwood St. 3 CEU'S AVAILABLE

REGISTRATION FORM

NAME _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ TELEPHONE HOME (_____) _____

WORK (_____) _____ CELL (_____) _____ ARRT # _____

E-MAIL (REQUIRED) _____

MEMBERSHIP CATEGORY (CHECK ONE)

ACTIVE MEMBER (You may join by filling out the Membership application and paying the membership fee)

ASSOCIATE MEMBER STUDENT (Verification from Student Radiology Program must accompany form)

LIFE MEMBER NON-MEMBER

PRE-REGISTRATION MUST BE POSTMARKED BY FEBRUARY 18, 2019

REGISTRATION

(INCLUDES: all education courses, A continental breakfast)

	Pre-Registration	On-Site Registration	AMOUNT
MEMBER	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	\$ _____
NON-MEMBER	<input type="checkbox"/> \$ 50.00	<input type="checkbox"/> \$ 65.00	\$ _____
STUDENT	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	\$ _____
		Amount total from this form	\$ _____
		Amount for Society Membership	\$ _____
		TOTAL AMOUNT ENCLOSED	\$ _____

PAYMENT METHOD: CHECK VISA MASTER CARD AMERICAN EXPRESS _____

CARD # _____ (please print CLEARLY) Exp Date _____

REGISTRATION MUST BE POSTMARKED BY **FEBRUARY 18, 2019** TO RECEIVE THE PRE-REGISTRATION PRICE

MAIL CHECKS PAYABLE TO: **USRT**

MAIL TO:

U.S.R.T.

P.O.BOX 572468

MURRAY, UTAH 84157-2468

NOTE: **MAKE CHECKS, PAYABLE TO U.S.R.T., NO PURCHASE ORDERS ACCEPTED. CANCELLATION POLICY:** Request for refund must be made in writing and postmarked by **February 18, 2019**. **ALL REFUNDS** are subject to a **\$25.00 cancellation fee**. Children **WILL NOT** be allowed in the classroom during the classes.

Registrant Signature _____