

**THE UTAH SOCIETY OF RADIOLOGIC TECHNOLOGISTS**  
**ANNUAL CONFERENCE • MAY 17-18, 2019 • Intermountain Medical Center, Murray Utah**

**REGISTRATION FORM**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
 ZIP \_\_\_\_\_ TELEPHONE, HOME ( \_\_\_\_\_ ) \_\_\_\_\_ WORK ( \_\_\_\_\_ ) \_\_\_\_\_  
 ARRT # \_\_\_\_\_ E-MAIL \_\_\_\_\_

**MEMBERSHIP CATEGORY (Check One):**

**ACTIVE MEMBER**  (You may join by filling out the membership application and paying the membership fee.)  
**ASSOCIATE MEMBER**  **STUDENT**  **NON-MEMBER**

-----  
**PRE-REGISTRATION MUST BE POSTMARKED BY MAY 14, 2019**

**FULL REGISTRATION**

( INCLUDES: All Educational courses, 2 continental breakfasts.)

	Pre-Registration	On-Site Registration	AMOUNT
MEMBER	<input type="checkbox"/> \$168.00	<input type="checkbox"/> \$183.00	\$ _____
NON-MEMBER	<input type="checkbox"/> \$218.00	<input type="checkbox"/> \$233.00	\$ _____
STUDENT	<input type="checkbox"/> \$ 30.00	<input type="checkbox"/> \$ 30.00	\$ _____

**FRIDAY ONLY REGISTRATION**

( INCLUDES: Educational courses, 1 continental breakfast.)

MEMBER	<input type="checkbox"/> \$ 85.00	<input type="checkbox"/> \$100.00	\$ _____
NON-MEMBER	<input type="checkbox"/> \$135.00	<input type="checkbox"/> \$150.00	\$ _____
STUDENT	<input type="checkbox"/> \$ 20.00	<input type="checkbox"/> \$ 20.00	\$ _____

**SATURDAY ONLY REGISTRATION**

( INCLUDES: Educational courses, 1 continental breakfast.)

MEMBER	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$115.00	\$ _____
NON-MEMBER	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$165.00	\$ _____
STUDENT	<input type="checkbox"/> \$ 20.00	<input type="checkbox"/> \$ 20.00	\$ _____

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 \_\_\_\_\_

**PLEASE INDICATE WHICH DAYS YOU WILL BE ATTENDING**

BOTH DAYS     FRIDAY ONLY     SATURDAY ONLY

**PLEASE INDICATE WHICH MODALITY YOU WILL BE ATTENDING ON SATURDAY**

RADIOLOGY     MAMMOGRAPHY

(I Am A Licensed Practical Tech. If So Please Check Box.) **LPT**

REGISTRATION MUST BE POSTMARKED BY **MAY 14, 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.. CANCELLATION POLICY:** Request for refund must be made in writing or e-mailed and/or postmarked by **May 14, 2019**. **ALL REFUNDS** are subject to a **\$25.00 cancellation fee**.

Children **WILL NOT** be allowed in the classroom during the classes.

**Registrant Signature** \_\_\_\_\_