

THE UTAH SOCIETY OF RADIOLOGIC TECHNOLOGISTS
ANNUAL CONFERENCE • MAY 18-19, 2018 • 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 15, 2017

FULL REGISTRATION

(INCLUDES: All Educational courses, 2 continental breakfasts and 1 light lunch.)

	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 and light lunch.)

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, 2018** 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, 2018**. **ALL REFUNDS** are subject to a **\$25.00 cancellation fee**.

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

Registrant Signature _____