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	❑ **$168.00**	❑ **$183.00**	$ _____
NON-MEMBER	❑ **$218.00**	❑ **$233.00**	$ _____
STUDENT	❑ **$ 30.00**	❑ **$ 30.00**	$ _____

FRIDAY ONLY REGISTRATION

(INCLUDES: Educational courses, 1 continental breakfast.)

MEMBER	❑ **$100.00**	❑ **$135.00**	$ _____
NON-MEMBER	❑ **$150.00**	❑ **$200.00**	$ _____
STUDENT	❑ **$ 20.00**	❑ **$ 20.00**	$ _____

SATURDAY ONLY REGISTRATION

(INCLUDES: Educational courses, 1 continental breakfast.)

MEMBER	❑ **$ 85.00**	❑ **$135.00**	$ _____
NON-MEMBER	❑ **$135.00**	❑ **$185.00**	$ _____
STUDENT	❑ **$ 20.00**	❑ **$ 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 _____

USRT 3/19/VS