

THE UTAH SOCIETY OF RADIOLOGIC TECHNOLOGISTS

FALL CONFERENCE • NOV 02, 2019

INTERMOUNTAIN MEDICAL CENTER, Murray, Utah

7 CEU'S AVAILABLE

REGISTRATION FORM

NAME _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ ARRT # _____

TELEPHONE: HOME WORK CELL #(_____) _____

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)
SUPPORTING MEMBER LIFE MEMBER NON-MEMBER

PRE-REGISTRATION MUST BE POSTMARKED BY OCTOBER 25, 2019

REGISTRATION

(INCLUDES: all education courses, A continental breakfast (LUNCH IS ON YOUR OWN.)

	Pre-Registration (INCLUDES: Education courses 1 continental breakfast.)	On-Site Registration	AMOUNT
MEMBER	<input type="checkbox"/> \$ 85.00	<input type="checkbox"/> \$ 95.00	\$ _____
NON-MEMBER	<input type="checkbox"/> \$ 135.00	<input type="checkbox"/> \$ 145.00	\$ _____
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 _____

REGISTRATION MUST BE POSTMARKED BY **OCTOBER 25, 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 **OCTOBER 25, 2019**. **ALL REFUNDS** are subject to a **\$25.00 cancellation fee**. Children **WILL NOT** be allowed in the classroom during the classes.

Registrant Signature _____