

# Advance Registration and Housing—Form 1

## Advance Registration Deadlines

**October 24:** International registration deadline to have full-conference badge mailed in advance

**November 7:** Final advance registration, housing and course enrollment deadline

## Certificate Type—check only one:

- I am a U.S.-licensed physician
- I am a physician but not U.S.-licensed
- I am a physicist who requests transfer of CME credit to CAMPEP
- I am certified by ARDMS
- I am an ARRT-certified radiologic technologist

- I am an ARRT-certified radiologist assistant
- I need a credit certificate
- I do not need a credit certificate

### Select any that apply:

- This is my first RSNA meeting
- Mail a Tours & Events brochure to me

## Name/Address Information

<p><b>1</b> _____ Last Name / Family Name Degree</p> <p>_____</p> <p>First Name</p> <p>_____</p> <p>Title</p> <p><b>2</b> _____ Name as it should appear on badge if different from above</p> <p><b>3 Address:</b> <input type="radio"/> Home <input type="radio"/> Office (Your registration materials will be shipped to this address prior to the meeting. To ensure a timely delivery please be as complete as possible.)</p> <p>_____</p> <p>Institution / Office / Hospital</p> <p>_____</p> <p>Address (Line 1)</p> <p>_____</p> <p>Address (Line 2)</p> <p>_____</p> <p>City / State / Zip / Country</p>	<p><b>4</b> _____ E-mail Address</p> <p><b>5</b> _____ Accompanying Spouse/Family Member(s). (Children under the age of 16 will not be admitted.)</p> <p>_____</p> <p>Telephone + Country &amp; City Code, if applicable</p> <p>_____</p> <p>Cellular Telephone (for Emergency Text Broadcasting purposes only)</p> <div style="border: 1px solid black; padding: 5px;"> <p><b>6</b> Registration Code _____ (ie, 23A). See page 49 for registration requirements. <b>Codes 11, 13, and 14 must indicate a practice setting:</b> <input type="radio"/> Academic <input type="radio"/> Private <b>Code 13 Only—Are you in training?</b> <input type="radio"/> Yes <input type="radio"/> No</p> <p><b>7</b> Subspecialty Code _____ (ie, CR) <i>Registration Codes 15, 18 and 23 must submit a business card, verification letter, valid RT license copy or student ID copy; otherwise, your registration will not be processed.</i></p> <p><b>Badge re-classification is subject to RSNA approval and code/rate change.</b></p> </div>
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## Hotel Reservation Complete your hotel selection or go to step #12. Refer to page 46.

**8** \_\_\_\_\_  
1st choice: Hotel Number & Name      2nd choice: Hotel Number & Name      3rd choice: Hotel Number & Name

Single (1 bed)    Double (2 persons / 1 bed)    Twin (2 persons / 2 beds)    Suite    Smoking    Non-smoking


**9** \_\_\_\_\_  
Arrival Day / Date      Departure Day / Date

**10** \_\_\_\_\_  
Person(s) sharing my room (Other than spouse / family listed on line 5)

**11** If my choices are unavailable, please book a room based on:  Rate \$ \_\_\_\_\_  Location  Other: \_\_\_\_\_  
Room Rate Desired

**12** I do not require a hotel reservation because:  I will reserve a room later.  I have reservations at (hotel): \_\_\_\_\_  
Information used for emergency contact during the meeting

I am staying at a local residence.  I am sharing a room reserved by: \_\_\_\_\_

  Check here if, under the Americans with Disabilities Act, you require accommodations or services in order to attend. You will be contacted by RSNA.

## 13 Payment Information

Registration rate (See page 49)	\$ _____	<input type="radio"/> American Express	
Hotel reservation deposit enclosed (\$300 deposit must accompany this form)	\$ <b>300.00</b>	<input type="radio"/> Discover	Card number
<b>Financial Seminars</b>		<input type="radio"/> MasterCard	
AM: \$139 (PS01)   PM: \$169 (PS11)   Both: \$289 (PS21)	\$ _____	<input type="radio"/> Visa	Name as it appears on card
Total payment enclosed	\$ _____	<input type="radio"/> Check # _____	Signature required
		(payable to RSNA 2008 in U.S. funds, drawn on a U.S. bank)	Expires Month / Year

**Mail**  
Experient/RSNA 2008  
108 Wilmot Rd, Ste 400  
Deerfield, IL 60015-5124, USA

**Internet**  
RSNA.org/register

**Fax**  
1-800-521-6017  
1-847-940-2386  
(Outside U.S. & Canada)

**Telephone**  
1-800-650-7018  
1-847-940-2155  
(Outside U.S. & Canada)

**E-mail questions to:**  
rsna@experient-inc.com

**RSNA** Radiological Society of North America  
Founded in 1915

# Course Enrollment—Form 2

## Advance Registration Deadlines

**October 24:** International registration deadline to have full-conference badge and tickets mailed in advance

**November 7:** Final advance registration, housing and course enrollment deadline

## Important

You must be a full-conference registrant of the annual meeting in order to register for courses. Add courses to your existing registration via Internet, fax or mail. Requests are not accepted by telephone.

## Name/Address Information

Your Confirmation # (if already registered)

Last Name / Family Name

First Name

Degree

Address

E-mail Address

City / State / Zip

Telephone + Country & City Code, if applicable

Country

Fax + Country & City Code, if applicable

## Course Conflicts

The multisession courses below will take priority over your refresher courses and workshops if conflicting courses are selected.

### Associated Sciences

#### Monday

AS21 AS22 AS23 AS24

#### Tuesday

AS31 AS32 AS33 AS34

#### Wednesday

AS41 AS42

### Bolstering Oncoradiologic and Oncoradiotherapeutic Skills for Tomorrow (BOOST) Program

#### Monday

RO21 RO22 RO23

#### Tuesday

RO31 RO32 RO33 RO34

RO35 RO36

#### Wednesday

RO41 RO42 RO43 RO44

RO45 RO46

#### Thursday

RO51 RO52 RO53

### Breast Series

#### Tuesday

VB31

### Cardiac CT Mentored Case Review

#### Monday

MC21 MC22 MC23 MC24

### Case-based Review: Interventional

#### Tuesday

CI31 CI32 CI33 CI34

### Case-based Review: MR

#### Monday

CM21 CM22 CM23 CM24

### Case-based Review: Neuroradiology

#### Thursday

CN51 CN52 CN53 CN54

### Case-based Review: Pediatrics

#### Wednesday

CP41 CP42 CP43 CP44

### Chest Series

#### Wednesday

VC41

### Essentials

#### Tuesday

ES31 ES32 ES33 ES34

#### Wednesday

ES41 ES42 ES43 ES44

### Gastrointestinal Series

#### Monday

VG21

### Gastrointestinal/Emergency Series

#### Tuesday

VG31

### Genitourinary Series

#### Monday

VU21

### Interventional Oncology Series

#### Sunday

VI11

#### Monday

VI21

#### Tuesday

VI31

#### Wednesday

VI41

#### Thursday

VI51

### Molecular Imaging Symposium

#### Wednesday

MI41 MI42 MI43 MI44

### Musculoskeletal Series

#### Wednesday

VS41

### Neuroradiology Series

#### Tuesday

VN31

### Pediatric Radiology Series

#### Sunday

VP11

#### Monday

VP12 VP21

#### Tuesday

VP31 VP32

### Quality Improvement Symposium

#### Tuesday

QI31 QI32 QI33 QI34

### Radiologist Assistants Symposium

#### Sunday

RA11

RA12

RA13

RA14

RA15

## Financial Seminars, Saturday, November 29—additional fee

Financial Seminars require payment. Register using Form 1. If pre-registered, enroll online at [RSNA.org/register](http://RSNA.org/register).

## Grantsmanship Workshop

Monday PS53

## Refresher Courses and Workshops (1.5 AMA PRA Category 1 Credits)

	1st Choice	2nd Choice
Sunday, November 30, 2:00 PM	<u>1</u> ___	<u>1</u> ___
Monday, December 1, 8:30 AM	<u>2</u> ___	<u>2</u> ___
Tuesday, December 2, 8:30 AM	<u>3</u> ___	<u>3</u> ___
Tuesday, December 2, 4:30 PM	<u>4</u> ___	<u>4</u> ___
Wednesday, December 3, 8:30 AM	<u>5</u> ___	<u>5</u> ___
Thursday, December 4, 8:30 AM	<u>6</u> ___	<u>6</u> ___
Thursday, December 4, 4:30 PM	<u>7</u> ___	<u>7</u> ___
Friday, December 5, 8:30 AM	<u>8</u> ___	<u>8</u> ___

**S** Self-assessment modules (SAM) are available to U.S.-licensed physicians for certain courses. Advance registration at [RSNA.org/register](http://RSNA.org/register) is required for SAMs. Fee: RSNA members—\$0, non-member U.S.-licensed physicians—\$50 per SAM.

## Informatics Course Enrollment (AMA PRA Category 1 Credit)

Indicate all your course choices for each day.

	Class 1	Class 2	Class 3	Class 4	Class 5
Sunday	<u>0</u> ___	<u>0</u> ___	<u>0</u> ___	<u>0</u> ___	<u>0</u> ___
Monday	<u>0</u> ___	<u>0</u> ___	<u>0</u> ___	<u>0</u> ___	<u>0</u> ___
Tuesday	<u>0</u> ___	<u>0</u> ___	<u>0</u> ___	<u>0</u> ___	<u>0</u> ___
Wednesday	<u>0</u> ___	<u>0</u> ___	<u>0</u> ___	<u>0</u> ___	<u>0</u> ___
Thursday	<u>0</u> ___	<u>0</u> ___	<u>0</u> ___	<u>0</u> ___	<u>0</u> ___
Friday	<u>0</u> ___	<u>0</u> ___	<u>0</u> ___	<u>0</u> ___	<u>0</u> ___

Digital Mammography Training and Self-Assessment Workshops require advance online registration at [RSNA.org/register](http://RSNA.org/register)

### Mail

Experient/RSNA 2008  
108 Wilmet Rd, Ste 400  
Deerfield, IL 60015-5124, USA

### Internet

[RSNA.org/register](http://RSNA.org/register)

### Fax

1-800-521-6017  
1-847-940-2386  
(Outside US & Canada)

### Telephone

1-800-650-7018  
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