

COURSE ENROLLMENT

New York Roentgen Society - Annual Spring Meeting - April 2-5, 2008

If paying by check, please make your check payable to the *New York Roentgen Society*.

Mail to: *New York Roentgen Society, P.O. Box 297, New York, NY 10024*

If paying by credit card, please fax your completed form to **212-305-2834**

COURSE FEES

NON-MEMBER FEES

Cardiac CT – Saturday, April 5th – 50 Supervised Cases

- Practicing Physicians \$650
 Residents, Fellows \$200

Hot Topics

Wednesday – Saturday – April 2nd-5th
(including Mammography)

NOTE: CHECKED DAYS ARE REQUIRED

- Wed Thurs Fri Sat
 Practicing Physicians \$795
 Residents, Fellows \$250
 One Day \$200 per day

Radiation Oncology – Saturday, April 5th

- Practicing Physicians \$250
 Residents, Fellows \$100

MEMBER FEES

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Hot Topics

Wednesday – Saturday – April 2nd-5th
(including Mammography)

NOTE: CHECKED DAYS ARE REQUIRED

- Wed Thurs Fri Sat
 Practicing Physicians No Fee
 Residents, Fellows No Fee
 Out of State \$250

Radiation Oncology – Saturday, April 5th

- Practicing Physicians No Fee
 Residents, Fellows No Fee
 Out of State \$100

One registrant per form. Please print.

First Name

Last Name

Address

City

State

Zip

Telephone #

Fax#

Email

Credit Card:

Visa

Mastercard

Amex

Discover

Account #

Exp Date

CVV code*

Name (as it appears on credit card)

Cardholders Billing Address

City

State

Zip

Signature

*The back panel of most Visa/MasterCard cards contain the full 16-digit account number, followed by the CVV/CVC code

OFFICE USE ONLY

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AMT: \$ _____