

Registration TRS 96th Annual Scientific Meeting ■ March 6-8, 2009 ■ Fort Worth, TX

 Complete registration form online at www.txrad.org/register.html

1 Contact & Guest Information

Please print or type or register online at www.txrad.org/register.html for instant meeting confirmation

Name: _____ MD FACR PhD Other: _____
First Middle Last Designation (Circle appropriate titles above)

Name of Clinic/Practice: _____

Preferred Address: Business Home _____

City: _____ State: _____ Zip: _____ E-mail: _____

Phone: _____ Fax: _____ Date of birth: _____

Check here if you are disabled and require special assistance

Guest/Spouse Attending? Yes No Guest/Spouse Name: _____

2 Registration Fees

Note: Your registration fees cover all continental breakfasts and coffee breaks, but NOT the lunches.

MEMBER CATEGORIES & FEES

(Check one)	By Feb 20	After Feb 20
<input type="checkbox"/> Member/Physicist Member	\$250	\$300
<input type="checkbox"/> Retired Member	\$150	\$200
<input type="checkbox"/> Speaker/Resident/Physics Student	no charge	no charge

NON-MEMBER CATEGORIES & FEES

(Check one)	By Feb 20	After Feb 20
<input type="checkbox"/> Non-Member Phys./Physicists	\$400	\$450**
<input type="checkbox"/> Non-Member Retired Member	\$300	\$350
<input type="checkbox"/> Non-Member Speaker/Resident/Physics Student	\$100	\$150

****Signing up for TRS membership before you register can save you money! Simply call the TRS office at (512) 535-4920 for membership information or fill out the membership application at www.txrad.org/membership.html.**

3 Specialty & Intended Attendance of Educational Sessions

Please let us know which sessions & days you plan to attend (check all that apply):

SPECIALTY**

- Diagnostic Radiology
- Radiation Oncology
- Medial Physics
- Resident Program

DAY(S) YOU WILL ATTEND

- Friday, 3/06/09
- Saturday, 3/07/09
- Sunday, 3/08/09

**** The specialty selected will determine the maximum number of CME/MEP credits that you are eligible to receive**

4 CME Lunch & Social Event Fees

- ▶ Advance registration for social events and CME lunches **is required.**
- ▶ CME lunches are complimentary for speakers and member residents, but special events are complimentary for speakers (only).
- ▶ Please check all events that you will attend and indicate the number of tickets required for each:

	Resident Fee or Other Attendee Fee		Resident Fee or Other Attendee Fee
<input type="checkbox"/> Thurs. Welcome Reception	_____ x \$ _____ or \$0 = \$ _____	<input type="checkbox"/> Sat. CME Lunch	_____ x \$0 or \$25 = \$ _____
<input type="checkbox"/> Fri. Luncheon (CME)	_____ x \$0 or \$25 = \$ _____	<input type="checkbox"/> Sat. Cowgirl Museum Event	_____ x \$10 or \$40 = \$ _____
<input type="checkbox"/> Fri. Awards Banquet	_____ x \$20 or \$60 = \$ _____	Subtotal of social event & CME lunch fees: \$ _____	

Please list any special dietary needs: _____

5 Total Meeting Cost

Registration fees (from section 2): \$ _____
 Subtotal of lunch & event fees (from section 4): \$ _____
Total meeting fees due with registration form: \$ _____

Optional Donations

Ike Relief Fund for Residents: \$ _____ (Tax deductible)
 2009 TRS PAC Donation: \$ _____ (Non tax deductible)
Total donations: \$ _____ (Thanks for your generosity!)

6 Method of Payment

Payment must accompany registration form: Check (made payable to the Texas Radiological Society)
 Visa MasterCard AmEx Amount to be charged: \$ _____

Name on Card: _____ Signature: _____

Card Number: _____ - _____ - _____ - _____ Exp. Date: _____ Credit Card Billing ZIP Code: _____

7 Submit Registration to:

Texas Radiological Society, 6705 Hwy. 290 West, Ste. 502-243, Austin, TX 78735
 Phone: (512) 535-4920, Fax: (512) 535-6320.

