Contact Information

Member #: _____ NPI Number (10 digits, required for all US physicians): _____

☐ Check here if this is your first SNMMI Annual Meeting

First Name: _____ Last Name: _____ Professional Suffix: _____

Chapter *(if applicable)*: _____ Title: _____

Organization: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Email Address *(required)*: _____ Phone *(please include country code)*: _____

Early-Bird Registration Rates *(on or before April 10, 2014)* *Please select one:*

Full Meeting Registration† *(Saturday – Wednesday)*			Weekend Rates† *(WE) – Saturday & Sunday*	
Registration Type	**Member**	**Nonmember**	**Member**	**Nonmember**
Physician	☐ **$595**	☐ $995	☐ **$385**	☐ $640
Scientist	☐ **$595**	☐ $995	☐ **$385**	☐ $640
Industry	☐ **$595**	☐ $995	☐ **$385**	☐ $640
Technologist	☐ **$365**	☐ $630	☐ **$250**	☐ $375
Laboratory Professional*	☐ **$370**	☐ $615	☐ **$305**	☐ $510
Emeritus	☐ **$275**		**n/a**	
Resident and Student**	☐ **$175**	☐ $290	☐ **$100**	☐ $170
Technologist Student**	☐ **No Charge**	☐ $75	☐ **No charge**	☐ $50
Tech Student with CE**	☐ **$365**	☐ $365	☐ **$250**	☐ $250
Companion/Guest *(16 yrs or older)*	☐ **$50**		**$50**	

☐ **Not a Member?**

Sign me up for a SNMMI trial membership.

***Laboratory Professionals** must provide written verification. Please download a verification form on www.snmmi.org/am2014.

****Residents and Students** (Intern, Scientist In-Training, Medical/Graduate /Technologist Student) must provide written verification on official letterhead signed by Program Director, or Advisor. Technologist Student Fee does not include CE credit. Technologist Students wishing to claim CE must register as Technologist Student with CE and provide payment in order to obtain CE credit.

†**Full Registration** does not include categoricals or specialty workshops. These events require an additional fee. **Weekend registration includes a categorical course with the exception of technologists/technologist students who will receive additional CE course credit beginning Saturday afternoon at 1pm, in place of the eliminated tech categorical.**

Additional Options

A. Categorical Seminars* – Saturday, June 7 *(Requires an additional fee unless you are a weekend attendee)*

Physician/Scientist Categorical Seminars	Member	Nonmember
(PC1) Theranostics Nuclear Medicine in Oncology – Updates and Future Directions	☐ $125	☐ $175
(PC2) Dose Reduction in Nuclear Medicine and Hybrid Imaging	☐ $125	☐ $175
(PC3) The Journey to PET/MRI: Present State and Future Applications	☐ $125	☐ $175
(PC4) Advances in Clinical and Molecular Nuclear Cardiology	☐ $125	☐ $175
(PC5) Applications of PET Imaging in Drug Discovery and Personalized Medicine	☐ $125	☐ $175
(PC6) Molecular Imaging and Targeted Therapeutics	☐ $125	☐ $175
(PC7) Radionuclide Imaging of Inflammation and Infection: State of the Art and Future Directions	☐ $125	☐ $175
(PC8) Molecular Imaging for Assessing Response to Therapy	☐ $125	☐ $175

Members who are also members of a Council or Center will receive a $20 discount when registering online for a Physician/Scientist Categorical.

B. SNMMI Virtual Meeting

Get access to full-motion video capture of 70 of the most popular sessions from the SNMMI 2014 Annual Meeting—Online and on DVD-ROM.

	Member	Nonmember
SNMMI Virtual Meeting Online Access Only *(VMOO)*	☐ $129	☐ $229
SNMMI Virtual Meeting Online Access **AND** DVD-ROM *(VMOD)*	☐ $179	☐ $279

C. Specialty Workshops *(requires an additional fee)*

	Member	Nonmember
Nuclear Medicine Review Course (Sat/Sun) *(SW01)*	☐ $200	☐ $300
Student Technologist Registry Review & Mock Exam (Sat/Sun) *(SW02)*	☐ $50	☐ $50

D. CT Case Review for Nuclear Medicine Physicians *(CR)* – Tuesday & Wednesday

☐ I would like to attend this training *(You must be registered for the Full Conference to attend this training)*

SNMMI Annual Meeting 2014 Early-Bird Form | Member #: _____ First Name: _____ Last Name: _____

Demographic Questions *(Please complete the following questions)*

A. Select Your Certification CE Credit Type:

☐ VOICE (Technologist) ☐ AMA PRA (Physician) ☐ ACPE (Pharmacist) ☐ CAMPEP (Physicist) ☐ NONE

B. Select Your Primary Specialty Area:

☐ Biochemistry	☐ Infectious Disease	☐ Molecular Imaging	☐ Oncology	☐ Radiation Therapy	☐ Radiopharmacy
☐ Cardiology	☐ Instrumentation	☐ Molecular Probe & Contrast Agent Development	☐ Optical Imaging	☐ Radiochemistry	☐ Other
☐ Computer Science	☐ Internal Medicine	☐ Nanomedicine	☐ Pediatrics	☐ Radioimmunoassay	
☐ Dosimetry/Radiobiology	☐ Medical Devices	☐ Neurology	☐ Pharmacology	☐ Radiology	
☐ Health Physics	☐ Medical Physics	☐ Nuclear Medicine	☐ Preclinical Research	☐ Radionuclide Therapy	

C. Select Your Primary Place of Work:

☐ Academic Institution	☐ Free Standing Imaging	☐ Institutional Library	☐ Mobile Unit
☐ Departmental Library	☐ Government Laboratory	☐ Medical Center/Hospital	☐ Molecular Imaging Laboratory
☐ Facility	☐ Industry	☐ Military Clinic/Hospital	☐ Other_____

D. Select the Technologies You Use at your Job *(please check all that apply):*

☐ 3-D Imaging	☐ Flouroscopy	☐ Optical	☐ Small Animal Imaging	☐ Other_____
☐ CT	☐ Hematology	☐ PACS/Teleradiology	☐ SPECT	_____
☐ Computer Aided Diagnosis	☐ MRI	☐ PET	☐ SPECT/CT	
☐ DICOM	☐ MRS	☐ PET/CT	☐ Ultrasound/Sonography	
☐ Digital X-Ray	☐ Mammography	☐ Radiology Information Systems (RIS)	☐ X-Ray	

E. Are you scheduled as an ABSTRACT PRESENTER for an oral or poster scientific session? ☐ Yes ☐ No

NOTE: *Please check YES if you are or plan to be a replacement for a scheduled oral/poster presenter of a scientific session.*

F. Select years of experience in the field.

☐ Less than 5 years ☐ 5-10 years ☐ 11-20 years ☐ more than 20 years

Payment Information *(Full payment is needed in order to process your registration for the Annual Meeting)*

Grand Total: _____

☐ Check – Please make check payable to SNMMI *(in U.S. Dollars)*
☐ American Express ☐ Mastercard ☐ VISA

Last 4 Digits of Credit Card: _____ Expiration Date: _____
(please add full credit card # below)
Name as it appears on Card: _____

Cardholder Signature: _____ Today's Date: _____

Individuals needing auxiliary aids or services as identified in the Americans with Disabilities Act, call 703.652.6789

4 Ways to Register

Online:
www.snmmi.org/am2014
Phone:
866.849.9828 (US only)
703.449.6418 (International)
Fax:
703.631.6288
Mail:
SNMMI Registration Center
c/o J. Spargo & Associates
11208 Waples Mill Road
Suite 112
Fairfax, VA 22030

Registration Cancellation/Change Policy: Cancellation and change request must be received by May 5, 2014 to qualify for a refund less a $50.00 cancellation fee. No refunds will be issued for cancellation and changes received after May 5, 2014. Refunds will be processed based on the original form of payment within 30 days after the completion of the meeting. No shows will be charged the full registration fee. No refunds will be given for any reason after June 12, 2014.

Please Enter Full Credit Card Number: _____