TRS ANNUAL MEETING REGISTRATION

IRVING, TX | FEBRUARY 25 - 27, 2022

1 ATTENDEE & GUEST INFORMATION *Please print or type.*

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

Preferred Name for Badge: _____ Name of Clinic/Practice: _____

Preferred Address: ☐ Business ☐ Home _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Phone: _____ Fax: _____ Email: _____

☐ Spouse/Guest Attending? If yes, list name: _____ ☐ ♿ ☐ Special Needs?

2 SPECIALTY & INTENDED ATTENDANCE OF EDUCATION SESSIONS

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

SPECIALTY

☐ Diagnostic Radiology ☐ Medical Physics ☐ Nuclear Medicine ☐ Interventional Radiology
☐ Radiation Oncology ☐ Resident & Fellows ☐ Medical Student

DAY(S) YOU WILL ATTEND

☐ Friday ☐ Sunday
☐ Saturday

3 MEETING REGISTRATION FEES *Check one option.*

	In-person		Post Meeting Online Viewing	
	before 2/4	after 2/4	before 2/4	after 2/4
Member/Texas Speaker	☐ $350	☐ $400	☐ $250	☐ $300
Retired Member	☐ $250	☐ $300	☐ $150	☐ $200
Resident/Fellow/Member in Training (MIT)	no charge	no charge	no charge	no charge
Non-Member Physician/Physicist	☐ $550	☐ $600	☐ $450	☐ $500
Non-Member Retired Member	☐ $450	☐ $500	☐ $350	☐ $400
Non-Member Resident/Fellow/Member in Training (MIT)	☐ $200	☐ $250	☐ $100	☐ $150

Signing up for TRS membership before you register can save you money! Visit txrad.org/membership for more information.

4 IN-PERSON ATTENDEE CME LUNCH & SOCIAL EVENT FEES

Advance registration for all meals is required. Please check all events that you will attend and indicate the number of tickets required for each:

	Resident Fee or Other Attendee Fee
☐ Fri. CME Lunch	_____ x $0 or $35 = $_____
☐ Fri. Awards Dinner	_____ x $20 or $60 = $_____
☐ Sat. CME Lunch	N/A or $35 = $_____
☐ RFS Career Fair Reception *(residents & fellows only)*	_____ x $0 or $0 = $_____

Subtotal of social events & CME lunch fees: $_____

Please list any special dietary needs: ☐ Vegetarian ☐ Kosher ☐ Severe Food Allergies:

5 OPTIONAL DONATIONS

TRS PAC Donation	$_____
TRS Foundation Donation	$_____
TRS Foundation: sponsor resident to attend annual meeting ($500)	$_____
Subtotal of Donations:	**$_____**

6 TOTAL DUE

Registration fees (from section 3):	$_____
Subtotal of lunch & event fees (from section 4):	$_____
Subtotal of donations (from section 5):	$_____
Total due with registration form:	**$_____**

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: _____ CVS No.: _____ Expiration Date: _____

Billing Address: _____
Street Address City State Zip

7 SUBMIT REGISTRATION BY MAIL, FAX OR EMAIL TO:

Texas Radiological Society: 24165 IH-10 W, Ste. 217 #510, San Antonio, TX 78257; fax (512) 276-6691; email amie@txrad.org