Radiology in Venice: Scientific / Social registration

Email Address:

Last Name: M.D. ☐ D.O. ☐ Dr. ☐

First Name:

Companion Name(s)

Companion Email(s)

Badge Name(s) **(Print all names as you would like them to appear on name badges)**

Address:

City, State/Province:

Zip/Postal Code: Country:

Phone: (home) (work) (mobile)

- ☐ Scientific Registration (**before** October 01, 2016): $2,095.00
- ☐ Scientific Registration (**after** October 01, 2016): $2,295.00
- ☐ Plus 5 **SAM** (**S**elf **A**ssessment **M**odules) Credits: $250.00
- ☐ Social Registration (companion(s)): $475.00

Total:

There will be no refunds after March 1st, 2017. Before then there will be a cancellation fee of $250.00

Payment Method: ☐ Visa ☐ American Express ☐ MasterCard ☐ Cheque

Card / Cheque #:

Exp Date: Security Code: Total Enclosed: $

Authorized Signature:

Please FAX Form to 860-356-0922

Please complete, then print and mail with your check or money order payable to:
Radiology International, Inc., P.O. Box 697, New Britain, CT 06050 USA, Telphone: 860-225-1700
To pay by credit card fax to: 860.356.0922. or mail to Radiology International, Inc. or scan and email to denise@radiologyintl.com