2013 ARRS Breast Imaging Virtual Symposium Registration Form

First Name: _____ M.I.: ____ Last Name: _____ Degrees (MD, PhD, etc.): _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone (please include country and city codes if applicable): _____ Fax: _____

E-mail (Registration confirmation is sent to this e-mail address): _____

General Registration Fees *Please circle the appropriate category*

	Early Bird Fees Through Friday August 9	Pre-registration Fees Through Friday August 30
ARRS Physician Member	$675	$775
ARRS In-Training Member	$325	$425
ARRS Radiologic Technologist Member	$325	$425
Nonmember	$1195	$1295

Nonmembers may apply for ARRS membership and pay the member fees. Go to www.arrs.org or call 1-866-940-2777 or 703-729-3353 for details.

Total Fees: $ _____

___ Check Enclosed (in U.S. funds drawn on a U.S. bank made payable to ARRS)

___ Credit Card: ___ Visa ___ MasterCard ___ American Express

Card Holder's Name: _____

Credit Card #: _____ Expiration Date: _____

Signature: _____

Register online at www.arrs.org or by completing this form and faxing it to 703-729-4839 or mailing it to ARRS, Meeting Registration, 44211 Slatestone Court, Leesburg, VA 20176-5109. Please contact ARRS if you have any questions at 866-940-2777 or 703-729-3353 or meeting@arrs.org. Cancellation requests received by Friday, August 30 will be refunded after the meeting minus a $100 cancellation fee. The $100 cancellation fee is nonrefundable. After August 30, absolutely no refunds will be issued.