AHRA 49TH ANNUAL MEETING

Registration Form

4 EASY WAYS TO REGISTER
COMPLETE FORM AND:

MAIL: AHRA 2021 Registration, 490-B Boston Post Road, Suite 200, Sudbury, MA 01776 (check/credit cards)
FAX: AHRA 2021 Registration, (978) 443-8046 (credit cards only)
ONLINE: www.ahra.org/AnnualMeeting (credit cards only)
EMAIL: payments@ahra.org (credit cards only)

Please CLEARLY print, type, or attach a business card:

AHRA Member # _____

Name: _____

Credentials: _____

Title: _____

Organization: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Email: _____

ATTENDEE LIST: Following the meeting, AHRA exhibitors receive a list of all attendees' mailing addresses. AHRA does not distribute phone numbers or email addresses.

CHECK ALL THAT APPLY:

_____ New AHRA Member (joined since January 2021)
_____ This is my first AHRA Annual Meeting
_____ I am a Veteran/Active Military Duty

SPECIAL NEEDS
Please describe any needs that require special arrangements.

_____
_____
_____

ANNUAL MEETING REGISTRATION FEES

Established Leaders Track

For leaders interested in best practices, real-time intelligence, and trends on the current and future state of imaging.

AHRA Member:	**$675**
Non-Member:	**$825**
Non-Member plus AHRA Membership:	**$875**

New Members only, membership through 2022

Single Day Fee (check one)

Includes all educational programs, exhibit hall, and social events for that day ONLY.

AHRA Member:	**$350**
Non-Member:	**$480**
Non-Member plus AHRA Membership:	**$550**

New Members only, membership through 2022

Day Attending (select one day only)

Monday _____ **Tuesday** _____ **Wednesday** _____

Exhibit Hall Only

(may select more than one day, lunch included)

Monday _____	**$75**
Tuesday _____	**$75**
Wednesday _____	**$75**

For a full list of educational sessions, exhibitors or to register online please visit www.ahra.org.

Additional workshops and payment information on page 2

AHRA 49TH ANNUAL MEETING

August 1–4, 2021
Music City Center
201 5th Ave S.
Nashville, TN 37203

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ADDITIONAL WORKSHOPS

CRA Exam Prep Workshop
Sunday, August 1, 2021 8am–5pm

With Full Meeting Registration:
AHRA Member: **$150**
Non-Member: **$180**
Workshop Only:
AHRA Member: **$300**
Non-Member: **$330**

Executive Leadership Workshop
Sunday, August 1, 2021 8am–12pm

With Full Meeting Registration:
AHRA Member: **$100**
Non-Member: **$130**
Workshop Only:
AHRA Member: **$150**
Non-Member: **$180**

Guest Registration
Price per guest, Adult 13+, Youth 12 and under
Adult Guest **$100**
Youth Guest **$50**
Includes admittance for one guest into the following events:
AHRA Theme Party: WED 8/4
Keynote Sessions: MON 8/2, TUES 8/3, WED 8/4
Exhibit Hall Lunches: MON 8/2, TUES 8/3, WED 8/4
Guest badges are for family members accompanying you to the meeting. They are not intended for radiology or other healthcare professionals. AHRA reserves the right to deny guest badges to any individual for any reason at any time.
Please provide the full names of family members who will need badges:

_____

_____

AHRA has applied for CRA and ARRT Category A CE credits.

DISCOUNTS FOR MULTIPLE REGISTRANTS
Take 20% off the registration fee for the third and additional registrants from the same facility/institution. This discount does not apply to multiple facilities within a health system. Each registrant must complete a registration form. PLEASE NOTE: This discount applies to the registration fee ONLY. It should not be applied to the total, once additional workshop and guest fees have been included. Please list the name of the other registrants from your facility in the space provided below:

1. _____

2. _____

3. _____

REGISTER ME NOW!

Annual Meeting Registration Fee + _____
Multiple Registration Discount – _____
Additional CRA Exam Workshop + _____
Additional Executive Leadership Program + _____
Adult Guest Package + _____
Youth Guest Package + _____

TOTAL _____

REGISTRATION PAYMENT
Registration payment MUST accompany this form.

____ **Check/money order enclosed, payable to AHRA**

____ **Please charge my:**
____ Visa____ MasterCard____ American Express____ Discover

Card #: _____

Expiration Date: _____

Signature: _____