SIIM 2017 Annual Meeting & Pre-Conference Education Registration Form

◆ David L. Lawrence Convention Center, Pittsburgh, PA ◆ Thursday, June 1 – Saturday, June 3, 2017 ◆

Salutation: ☐ Mr. ☐ Ms. ☐ Dr. Gender: ☐ Male ☐ Female

First Name: _____ Middle/Initial: _____ Last Name: _____

Degree: _____ Title: _____ Department: _____

Institution: _____

Mailing Address: _____

City: _____State/Prov:_____ Zip:_____ Country: _____

Phone: _____ Email Address: _____

**Please note that all information is required for accurate meeting badges*

SIIM 2017 Annual Meeting Registration Rates **Thursday, June 1, 2017 – Saturday, June 3, 2017**	Early Bird Until 5/3/17	After 5/3/17 and On Site	Enter Amount
Full Meeting Registration			
❑ SIIM Member Rate	$590	$690	
❑ Non-Member Rate	$775	$875	
Resident/Fellow/PhD Candidate Full Meeting Registration ❑ *Letter from Program Director confirming Residency/Full-Time Student Status Required	$0	$0	
Daily Meeting Registration (per day)			
❑ Thursday, June 1	$300	$350	
❑ Friday, June 2	$300	$350	
❑ Saturday, June 3	$300	$350	
Learning Labs (Optional)			
❑ **Intro to Hacking with FHIR & DICOMweb APIs** | Thursday, June 1 | 9:45 am – 11:45 am	$25		
❑ **Advanced Visualization & 3D Printing** | Thursday, June 1 | 1:15 pm – 3:15 pm	$25		
❑ **Predictive Analytics & Deep Learning in Medical Imaging** | Friday, June 2 | 7:30 am – 9:30 am	$25		
❑ **CIIP War Tools: WireShark, SQL Studio & DICOM Anatomy** | Friday, June 2 | 1:15 pm – 3:15 pm	$25		
❑ **Data Visualization with R** | Saturday, June 3 | 7:30 am – 9:30 am	$25		
❑ **Build Your Own Zero Footprint Web Viewer |** Saturday, June 3 | 12:45 pm – 2:45 pm	$25		
Pre-Conference Day Activities (Optional)			
❑ **SIIM Imaging Informatics Professional Bootcamp** | Wednesday, May 31 | 8:00 am – 6:00 pm	$250	$300	
❑ **SIIM Epic User Group Meeting** | Wednesday, May 31 | 12:00 pm – 4:00 pm	$100		
❑ **SIIM Philips User Group Meeting** | Wednesday, May 31 | 4:30 pm – 6:30 pm	$100		
SIIM 2017 Fun Run/Walk Contribution | Friday, June 2 | 6:30 am ❑ Tax-Deductible Contribution to the SIIM Research & Education Fund	$25		
SIIM Individual Membership Renewal			
❑ MD/PhD Individual Membership	$200		
❑ Regular Individual Membership	$160		
❑ Individuals from Emerging Nations (excludes Canada, Europe, Japan, Australia)	$75		
TOTAL AMOUNT ENCLOSED			

Payment: ❑ Check enclosed in U.S. Dollars to: SIIM 2017

Credit Card: ❑ VISA ❑ MasterCard ❑ AMEX ❑ Discover

Credit Card Number: _____Expiration date (MM/YY): _____/_____

Security Code (3 or 4 Digits): _____ Postal Code of credit card billing address: _____

Authorizing Signature: _____

Attendee Profile

First Time Attendee ❑ **Yes** ❑ **No**

Year of Birth: _____

Occupation (Select one)
**Occupation must be indicated to process meeting registration*

- ❑ Physician
- ❑ Imaging Informatics Director
- ❑ PACS / RIS Administrator
- ❑ Enterprise Imaging Manager/Architect
- ❑ IT Manager/Director
- ❑ C-level Administrator (CEO, CFO, CIO, CMO, CMIO)
- ❑ Clinical Applications Professional
- ❑ Healthcare Administrator/Director
- ❑ Scientist/Researcher/Physicist
- ❑ Resident/Fellow/Doctoral Student
- ❑ Developer/Engineer
- ❑ Vendor/Consultant
- ❑ Association Professional

Medical Specialty (Select one)

- ❑ Radiology
- ❑ Cardiology
- ❑ Enterprise IT
- ❑ Dentistry
- ❑ Information Systems
- ❑ Nuclear Medicine
- ❑ Oncology
- ❑ Pathology
- ❑ Veterinary Medicine
- ❑ Other_____

Primary Occupational Setting (Select one)

- ❑ Community Hospital
- ❑ Corporate
- ❑ Government (non-hospital)
- ❑ Military/VA/Govt Hospital
- ❑ University/College (non-hospital)
- ❑ University Hospital
- ❑ Imaging Center/Office/Clinic
- ❑ Other _____

How did you first hear of the SIIM 2017 meeting? (Select one)

- ❑ Colleague/Word of Month
- ❑ SIIM Website
- ❑ Direct Mail
- ❑ SIIM Promotional Email
- ❑ SIIM Imaging Informatics NewsBrief
- ❑ SIIM Member Connection e-Newsletter
- ❑ SIIM Webinar
- ❑ *Journal of Digital Imaging* (JDI)
- ❑ Personalized Email from SIIM
- ❑ Vendor Representative
- ❑ Internet Search
- ❑ Social Media (please specify) _____

Americans with Disabilities Act
Do you need auxiliary aids or services as identified in the Americans with Disabilities Act? ❑ Yes ❑ No

SIIM 2017 Fun Run/Walk

- ❑ Yes, I would like to participate in the Fun Run/Walk on Friday, June 2 at 6:30 am.
- ❑ No, I would not like to participate.

2017 SIIM Hackathon

- ❑ Yes, I would like to participate in the 2017 SIIM Hackathon.
- ❑ No, I would not like to participate.

Three Easy Ways to Register

Internet:	**Mail:**	**Fax:**
www.SIIM2017.org	SIIM 2017 Meeting Registration	703-723-0415
(Credit Card Only)	19440 Golf Vista Plaza, Suite 330	(Credit Card Only)
	Leesburg, VA 20176	

Allow up to 3 weeks for receipt of your registration confirmation email. Keep a copy of this form for your records.

Cancellation/Refund Policy
All cancellations and requests for refunds must be in writing and received no later than **May 10, 2017**. Refunds are subject to an $80 administrative fee. **No refunds will be issued after May 10, 2017**