

Registration Form

PNWRS CONFERENCE REGISTRATION

Please type or print

Name _____

Spouse/Guest Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Phone _____ Fax _____ E-mail _____

Registration fees cover CME credits, e-syllabus, Friday night reception for you and your guest, continental breakfast, and AM/PM refreshment breaks.

REGISTRATION RATES QUOTED AND PAYABLE IN US DOLLARS

	Before March 23	After March 23
<input type="checkbox"/> PNWRS Active/Emeritus Members	\$360.00	\$385.00
<input type="checkbox"/> Nonmembers	\$480.00	\$505.00
<input type="checkbox"/> Allied Health Professionals	\$360.00	\$385.00
<input type="checkbox"/> Non Radiologist Physician	\$300.00	\$325.00
<input type="checkbox"/> Residents and Fellows -Meeting Registration	No Charge	No Charge
<input type="checkbox"/> Residents and Fellows -Opening Night Reception	\$25.00	\$25.00
<input type="checkbox"/> Friday Night Reception, April 27, 2012		
I will be attending the reception	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I will be attending with a guest	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TOTAL DUE AND ENCLOSED (US FUNDS):

Please make checks payable and mail to: **PNWRS**
2033 Sixth Avenue, Suite 1100, Seattle, WA 98121

Credit Card Payment: (Visa or MasterCard Only) Fax to 206-441-5863

Print Name: _____

CC#: _____ Exp Date: _____

Signature: _____

Inquiries:

Phone 206-956-3648; Fax: 206-441-5863; E-mail: plp@wsma.org

Cancellation Policy: The PNWRS must receive written notification of your cancellation. A \$50 processing fee will be deducted from the refund requests. No refunds will be issued after April 13, 2012.