

**The UTAH SOCIETY of RADIOLOGIC TECHNOLOGISTS
WINTER CONFERENCE FEB. 11, 2012
INTERMOUNTAIN HEALTHCARE BUILDING (NEW LOCATION)
REGISTRATION FORM**

NAME _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ TELEPHONE (home) _____ (work) _____

USRT # _____ ASRT# _____

E-MAIL (optional) _____

**REGISTRATION INCLUDES:
EDUCATIONAL COURSES, A MORNING CONTINENTAL BREAKFAST
Children are NOT allowed in the classroom during the course.**

PLEASE INDICATE YOUR MODALITIES BY CHECKING THE APPROPRIATE BOX

- RADIOLOGY RADIATION THERAPY ULTRASOUND
 NUCLEAR MEDICINE MAMMOGRAPHY LPT (licensed practical tech.)

	Pre Registration	On-Site Registration
MEMBER	<input type="checkbox"/> Free	<input type="checkbox"/> Free
NON-MEMBER	<input type="checkbox"/> \$36.00	<input type="checkbox"/> \$36.00
STUDENT	<input type="checkbox"/> Free	<input type="checkbox"/> Free
	TOTAL AMOUNT PAID \$ _____	

IF PAYING BY CREDIT CARD FILL IN THE FOLLOWING:

- VISA MASTER CARD AMERICAN EXPRESS

CARD # _____ EXP. DATE _____

MAKE CHECKS PAYABLE TO: U.S.R.T. NO PURCHASE ORDERS ACCEPTED.

**REGISTRATION MUST BE MAILED TO THE ADDRESS BELOW AND
POSTMARKED BY FEB. 7, 2012**

**USRT
P.O.BOX 572468
MURRAY, UTAH 84157 - 2468**

**CANCELLATION POLICY : Request for refund must be made in writing and postmarked by Feb. 7, 2012.
ALL REFUNDS are subject to a \$25.00 cancellation fee.**