

Minnesota Society of Radiologic Technologists

Educational Conference

April 13, 2018 Best Western Kelly Inn St. Cloud, MN

REGISTRATION FORM

Please read carefully and PRINT all requested information!

NAME: _____
(Print your name exactly as you would like it to appear on your nametag, **including all credentials!**)

MSRT/REGION IV/MARS/MSRT COMMITTEE OFFICER: _____
(Please indicate position currently held)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PRIMARY PLACE OF EMPLOYMENT: _____

E-mail Address: _____
(E-mail address will only be used to notify you of MSRT business/happenings)

ARE YOU A MSRT MEMBER: _____ Yes _____ No

ARE YOU A: MSRT LIFE MEMBER ___ Yes ___ No MSRT HONORARY MEMBER ___ Yes ___ No

**SECTION A: CONFERENCE REGISTRATION:
YOUR REGISTRATION INCLUDES ALL FOOD OFFERINGS.**

You may **ONLY** choose **ONE** category!

ALL Affiliate Society Members may register at the MSRT Member price.

Proof of current non-Minnesota affiliate membership MUST be included with registration.

MSRT MEMBER

NON-MSRT MEMBER

____ Friday Only \$80.00

____ Friday Only \$100.00

ALL STUDENTS

____ Friday Only \$50.00

FOR REGISTRATIONS POSTMARKED AFTER April 5, 2018, ADD AN ADDITIONAL \$20.00, REGARDLESS OF REGISTRATION TYPE! NO SAME DAY REGISTRATIONS WILL BE ALLOWED!

****REGISTRATIONS RECEIVED AFTER April 6, 2018, MAY BE RETURNED!****

Please indicate any special dietary needs: _____

Make checks payable to: MSRT EDUCATIONAL CONFERENCE 2018

Return Registration Form and your Educational Session Selection Forms to:

Deanna Butcher 9347 County Road 146 Kimball, MN 55353

Additional forms available at www.mnsrt.com On-line registration is also available at www.mnsrt.com.