

Conference Registration Form

THE REGISTRATION FEE MUST ACCOMPANY THE REGISTRATION FORM

Please **PRINT** Legibly and Complete All Sections

Name _____
First Name Last (Family) Name Title

Institution/Affiliation _____

Address (Home/ Business) _____

City _____ State _____ Zip+4 _____

Last 4 Digits of SSN _____ (for record keeping only)

Position Physician ___ Administrator ___ IT ___ PACS Administrator ___ Technologist ___ Other _____

Specialty Radiology ___ Cardiology ___ Orthopedics ___ Pathology ___ IT ___ Vendor ___ Other _____

Office Telephone _____ FAX _____

E-mail Address _____

How did you hear Brochure ___ Postcard ___ PACS 2005 Website ___ MEEN ___ Colleague ___ Other _____
about this meeting?

Vegetarian Lunch Required? Yes ___ No ___

REGISTRATION FEE: \$575 On or Before January 14, 2005 \$695 After January 14, 2005
 \$525 * Group Discount \$625 * Group Discount
*(3 or more from same institution/office – must register at same time)
 Day Rate \$295 (Circle Day: Wed / Thurs / Fri / Sat)

SIGN UP FOR THE FOLLOWING ACTIVITIES:

WEDNESDAY, MARCH 9, 2005:

MIX & MINGLE RECEPTION:

- Will Attend
- Spouse/Companion Will Attend
- Will NOT Attend

FRIDAY, MARCH 11, 2005

LAST CHANCE RECEPTION

- Will Attend
- Spouse/Companion Will Attend
- Will NOT Attend

METHOD OF PAYMENT:

- Check (payable to: **Continuing Professional Education**):
- Visa MasterCard:

Card Number: _____ Exp. Date _____

Name on Card: _____

Signature _____

Please Return Form With Payment To:

University of Rochester
Continuing Professional Education (CPE)
601 Elmwood Avenue, Box 677
Rochester, NY 14642-8677
Phone (585) 275-4392 Fax: (585) 275-3721

Please check all that apply at your institution/office:

- PACS already installed
- Changing PACS
- Looking for a PACS vendor

If paying by credit card, you may fax your registration to the CPE Office. Copies of this form are acceptable. Please do not reduce this form. For non-US registrants, payment MUST be in US Dollars only. **Cancellation Policy:** All cancellations must be made in writing and sent to the CPE Office prior to February 4, 2005. An administrative fee of \$50.00 will be deducted from all refunds. No refunds will be issued after February 4, 2005.