PACS Primer & DHIMS 2008 – 8th Annual Conference
March 25-29, 2008 / The Westin La Cantera Resort / San Antonio, TX
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/Position

Degree (Circle One) *DO, MD, PhD, RN, Other* _____

Specialty (Circle One) *ADMIN, PACS ADMIN, RAD, RAD TECH, IT, VENDOR, Other* _____

Institution/Affiliation _____

Address (☐ Home / ☐ Business) _____

City _____ State _____ Zip+4 _____

Office Telephone _____ FAX _____

E-mail Address _____

PLEASE COMPLETE THE FOLLOWING:

How did you hear about this meeting?
❑ Brochure ❑ Postcard
❑ Website ❑ Colleague
❑ Magazine ❑ Other

Please check the one that applies at your institution/office:
❑ PACS installed
❑ Changing PACS
❑ Looking for a PACS vendor

Vegetarian Lunch Required?
❑Yes
❑No

REGISTRATION FEES:

	By 1/18/08	After 1/18/08
❑PACS 2008 PRIMER (only)	$125	$145
❑PACS 2008 PRIMER & DHIMS 2008	$695	$795
❑GROUP DISCOUNT FOR PRIMER & DHIMS*	$630	$720
❑DHIMS 2008 (only)	$595	$695
❑GROUP DISCOUNT FOR DHIMS (only)*	$535	$625

**3 or more from same institution/office must register at same time*

❑ Spouse/Companion *(includes reception, breakfasts, lunches & breaks)*	$145	$145
Spouse/Companion Name (for badge) _____		
❑ 1 Day Rate (circle day: Wed. Thur. Fri. Sat.)	$275	$275
❑ On-Site Registration for PACS Primer	N/A	$195
❑ On-Site Registration for DHIMS 2008	N/A	$745
Total Payment:		

SIGN UP FOR THE FOLLOWING ACTIVITIES:

WELCOME RECEPTION
WEDNESDAY, MARCH 26, 2008

❑ I Will Attend ❑ I Will NOT Attend
❑ Spouse/Companion Will Attend *(separate fee required)*

TRANSPORTATION TO THE RIVERWALK
THURSDAY, MARCH 27, 2008

_____ # of seats needed

WORKSHOPS: no charge

(You may sign up for more than one)

❑ Interoperability Demonstration
❑ Integrated Workstation
❑ Advanced Visualization

METHOD OF PAYMENT:

❑ Check **(payable to: Univ. of Rochester, Dept. of Imaging Sciences DHIMS2008)**
❑ Credit Cards accepted: ❑ Visa ❑MasterCard ❑Discover

Card Number: _____ Exp. Date _____

Name on Card: _____

Signature _____

Please Return Form With Payment To:
Sue Nielsen, Events Coordinator
Department of Imaging Sciences
University of Rochester Medical Center
601 Elmwood Avenue, Box 648
Rochester, NY 14642-8648
Fax: 585-276-2406
E-mail: sue_nielsen@urmc.rochester.edu

If paying by credit card, you may fax your registration to the Events Coordinator. 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 Events Coordinator prior to 1/18/08. An administrative fee of $75.00 will be deducted from all refunds. No refunds will be issued after 1/18/08.