

**PACS 2007 – 7<sup>th</sup> Annual Conference – March 20-23, 2007 – 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

Institution/Affiliation \_\_\_\_\_

Address (  Home/  Business ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

ASRT Number \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_ (for record keeping only)

Position  Physican  Administrator  IT  PACS Administrator  Technologist  Other \_\_\_\_\_

Specialty  Radiology  Cardiology  Pathology  IT  Vendor  Radiation Oncology  Other \_\_\_\_\_

Office Telephone \_\_\_\_\_ FAX \_\_\_\_\_

E-mail Address \_\_\_\_\_

How did you hear about this meeting?  Brochure  Postcard  Colleague  PACS 2007 Website  
 Website  Magazine or Journal  Other \_\_\_\_\_

Vegetarian Lunch Required?  Yes  No

REGISTRATION FEE:  \$595 Until January 26, 2007  \$695 After January 26, 2007

GROUP DISCOUNT\*:  \$525 Until January 26, 2007  \$625 After January 26, 2007

(\*3 or more from same institution/office – must register at same time)

DAY RATE:  \$295 (Circle Day: Tues Wed Thurs Fri)

**SIGN UP FOR THE FOLLOWING ACTIVITY:**

**TUESDAY, MARCH 20, 2007:**

**WELCOME RECEPTION:**  Will Attend  Spouse/Companion Will Attend  Will Not Attend

**METHOD OF PAYMENT:**

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

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 9, 2007. An administrative fee of \$75.00 will be deducted from all refunds. No refunds will be issued after February 9, 2007.