

2017 SCARD Fall Meeting and Leadership and Management in Radiology Program

Meeting Registration Form

October 11–14, 2017 • Coronado, California

Save Time—Register Online! SCARDweb.org

Advance Registration Deadline: Friday, September 29, 2017

STEP 1: CONTACT INFORMATION

First Name _____ Last Name _____ Degree(s) _____

Name As It Should Appear on Badge (if different than above) _____

Institution _____

Street Address _____ (Address Type: Home Office)

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Email _____ Phone _____ Fax _____

Companion/Spouse Badge: First Name _____ Last Name _____

Emergency Contact Information (a person not attending the meeting with you)

Name _____ Phone _____

 _____ Check here if, under the Americans with Disabilities Act, you require accommodations or services in order to attend.
You will be contacted by SCARD.

STEP 2: REGISTRATION FEES

Please check appropriate box(es) and enter total fee enclosed. Registration classification is subject to SCARD approval and rate change.
Onsite registration fees will be \$50 higher than advance registration fees.

Meeting Type	SCARD Member	Non-Member	Department Business Manager
SCARD Fall Meeting For current and past chairs, business managers or interested academic radiologists	<input type="checkbox"/> \$450	<input type="checkbox"/> \$690	<input type="checkbox"/> \$380
Leadership and Management in Radiology Program For all radiologists (including chief residents) and business administrators for whom a major component of their responsibility is supervision of fellow physicians and staff	<input type="checkbox"/> \$310	<input type="checkbox"/> \$460	<input type="checkbox"/> \$260
Total Registration Fee	\$ _____	\$ _____	\$ _____

STEP 3: MEETING EVENTS *For SCARD Fall Meeting attendees only.*

Please check all that apply.

Dinner – Thursday, October 12

Yes, I Will Attend

Yes, My Companion/Spouse Will Attend

SCARD Business Meeting/Luncheon –
Friday, October 13 (FOR SCARD MEMBERS ONLY)

Yes, I Will Attend

N/A

Networking Reception – Friday, October 13

Yes, I Will Attend

Yes, My Companion/Spouse Will Attend

STEP 4: METHOD OF PAYMENT

Check # _____ MasterCard Visa _____

(payable to SCARD in U.S. funds drawn on a U.S. Bank**) Credit Card Number _____ Expiration Date _____ CVV Code _____

Name on Card _____ Cardholder's Signature **X** _____

**By sending your check to us, you authorize SCARD to convert the check into an electronic funds transfer. Please be aware that your bank account may be debited the same day we receive your payment.

ONLINE SCARDweb.org
SECURE FAX 1-630-571-2198

MAIL
SCARD
820 Jorie Blvd
Oak Brook, IL 60523

CANCELLATIONS:

All cancellations must be received in writing by **September 29**.
A \$50.00 administrative fee will be charged per registration form refunded.
No refunds will be issued after September 29.

QUESTIONS: Email SCARD@rsna.org or call 1-630-368-3731.