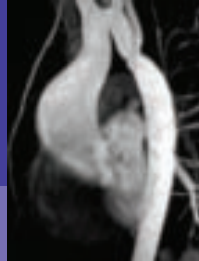


Symposium 2008 on the Cape

Course Registration Form



NYU DEPARTMENT OF RADIOLOGY SUMMER RADIOLOGY PRACTICUM on the cape

June 30-July 3, 2008

On-Line Registration is Fast & Easy. Go to www.radcme.med.nyu.edu

Participant Information (please print clearly)

Name: _____
Address _____
City _____
State _____ Zip _____
Daytime Phone _____
Fx _____
Email _____
Degree _____
Specialty _____
Sub-Specialty _____
Dietary Restrictions _____

Payment Method

- ☐ **Check in U.S. Dollars** payable to NYU Department of Radiology
- ☐ **Credit Card**
Cardmember's Name (print carefully) _____
Card # _____
Amount to be Charged: \$ _____
Bill to: ☐ Visa ☐ MasterCard ☐ American Express
Exp Date: (MM/YYYY) _____ / _____
Signature (required to process) _____
- ☐ **International Postal Money Order** (for overseas participants not wishing to submit credit card information)

Registration Fees

- Full Fees (Physicians)** **Discounted Fees** (see below for qualifications)
☐ \$925 ☐ \$750 discounted fee*

*discounts apply to NYU School of Medicine alumni, former residents & fellows, techs, physicists and MD's employed by the Dept of Veterans Affairs and full-time active military personnel and all non-U.S. physicians

Reason for discount: _____

Email Confirmations: If you provide your email, we will send you an email confirmation. We no longer send out written or faxed confirmation/receipts.

Refund Policy: If you need to cancel, you will need to send written notification 30 or more days in advance (subject to a \$75 service fee). No refunds are possible thereafter.

Course Cancellation Policy: In the unusual circumstance that this course is cancelled, two weeks' notice will be provided and full tuition refunded. The NYU Post-Graduate Medical School is not responsible for any airfare, hotel or other costs incurred.

Educational Needs

If there is a specific question or topic relating to this course, please submit it on the registration form or on the website when registering on-line.

Advance registration required for activities prior to May 31, 2008 There is no guarantee that you can sign up on-site for these activities.

Sunday Evening (no need to sign up but there will be a Welcome Reception)

| | | |
|--|------------------------------------|-----------------------------------|
| Monday Morning Barrier Beach Walk | #__ @\$20 per adult | #__ @\$10 per child under 12 |
| Monday Afternoon Antique Car Tour | #__ @\$30 per person | __ 2 – 3 p.m. __ 3:30 – 4:30 p.m. |
| Monday Evening Chef's Table & Wine Cellar (includes tax, tip and wines throughout the evening) | #__ @\$283.50 inclusive per person | |

| | |
|--|--|
| Tuesday Afternoon Guided Bike Tour | #__ @\$20 per person without bike rental |
| | #__ @\$40 per person with bike rental |
| Tuesday Afternoon Catamarin Excursion (including transportation, tax, and gratuity) (on-board beverages would be separate) | #__ @\$55 per person |

| | |
|---|--------------------------|
| Wednesday Morning Chowder Cooking Demo | #__ @\$ 93.75 per person |
| Wednesday Afternoon Guided Nature Walk | #__ @\$20 per person |
| Wednesday Afternoon Golf Tournament (sign up now and we will let you know more details in the spring) | #__ price TBD |

TOTAL OF ACTIVITIES: \$ _____

PAYMENT METHOD: ☐ **Check in U.S. Dollars** (payable to NYU Department of Radiology)
☐ **Credit Card** (see top half of this form)

Activities Refund Policy: A full refund will be granted if written cancellation is sent via email to michelle.koplik@nyumc.org no later than June 15th. No refunds are possible thereafter unless we are able to sell your ticket to another member of the group.

In Case of Questions:

Contact:
Michelle Koplik (212) 263-3936 or
Marisa Bruno (212) 263-0724

Where to Fax or Mail:

Michelle Koplik,
NYU Medical Center
560 1st Avenue, HW-231
New York, NY 10016
Fax: (212) 263 3959