Registration Form

28TH ANNUAL MORTON A. BOSNIAK Head to Toe Imaging Conference December 14-19, 2009

Online Registration www.radcme. med.nyu.edu

PLEASE PRINT CLEARLY

Clip & Mail

First Name	
	Zip
Day Phone	
Degree	Specialty
Sub-Specialty	

Tuition Payment Options (Please Check)

	Full	Discounted*		
Entire 51/2 Day Course	🗌 \$1295	🗆 \$950		
Stop here if you are registering for the entire course				
Start here if you are registering for individual days and check ALL days that you want to attend.				
Monday, Dec. 14 (Daily Fee)				

Monday, Dec. 14 (Daily Fee) (Abdominal Imaging & Interventional Radiology)	□ \$375	□ \$250
Tuesday, Dec. 15 (Daily Fee) (Thoracic & Cardiac Imaging)	🗆 \$375	□ \$250
Tuesday, Dec. 15 Chelsea Art Tour (9:45-Noonish)	🗆 \$35 per ticket	
Wednesday, Dec. 16 (Daily Fee) (Neuroradiology & Pediatric Radiology)	🗆 \$375	□ \$250
Thursday, Dec. 17 (Daily Fee) (Breast Imaging & Women's Imaging)	□ \$375	□ \$250
Thursday, Dec. 17 Chelsea Art Tour (9:45-Noonish)	🗆 \$35 per ticket	
Friday, Dec. 18 (Daily Fee) (Musculoskeletal Imaging & Emergency Imaging)	□ \$375	□ \$250
Saturday, Dec 19 (Daily Fee) (PET/CT)	□ \$325	□ \$200
TOTAL DUE	\$	\$

*Discounted Fees apply to: NYU School of Medicine alumni, M.D.'s employed by the Dept of Veterans Affairs, full-time active military personnel, technologists, retired physicians, current residents/fellows, Canadian and other non-U.S. physicians.

If you are registering on-line, you must fax a letter of authorization with the attendee's full name and date registered to (212) 263-3959. Please state reason for using reduced fee. If you are mailing a registration form and check, please enclose the authorization letter at the same time.

Reason for Discounted Fee:

Refund Policy

If you need to cancel your enrollment, a \$75 service fee will be assessed for your tuition payment if written notice is received more than 30 days in advance and a \$150 service fee for cancellations made within 30 days. No refunds are possible if written notification is not sent.

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.

Methods of Payment

Check in U.S. Dollars made payable to **NYU Department of Radiology**

□ Credit Card Payment (see below)

Methods of Registration

□ Mailing Form with Check or Credit Card Information

□ Faxing Form with Credit Card Information

Do not Fax form if registering online.

Mail To

Michelle R. Koplik, NYU Langone Medical Center Department of Radiology 560 1st Avenue, TCH - HW-231, New York, NY 10016-4998

Fax To: (212) 263-3959

In Case of Questions, Contact:

Michelle R. Koplik, Director of CME Phone: (212) 263-3936 • email: michelle.koplik@nyumc.org or Marisa P. Bruno, Program Coordinator Phone:(212) 263-0724 • email: marisa.bruno@nyumc.org

Payment by Credit Card

Card Member's Name (print carefully)

Card #

Amount to be Charged: \$_____

Bill to: 🗌 Visa 🗌 Mastercard 🗌 American Express

Exp Date: Month/Year _____/____

Signature (required to process)

Confirmation of Course Acceptance:

A confirmation will be sent to you by email if your email address is provided. Faxed confirmations are no longer possible.

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 online.

For Alumni (dates of your NYU SOM or Radiology Training):