Registration Form
37th Annual Morton A. Bosniak Head to Toe Imaging Conference
December 17–21, 2018 • New York, NY

Online Registration
www.radcme.med.nyu.edu

PLEASE PRINT CLEARLY
FIRST NAME ______________________________________________________________________
LAST NAME _____________________________________________________________________
ADDRESS _________________________________________________________________________
CITY _____________________________________________________________________________
STATE ________________________ ZIP _______________________________________________
DAY PHONE _______________________________________________________________________
EMAIL __________________________________________________________________________
must be provided for confirmation/receipt
DEGREE _____________________________ SPECIALTY _________________________________
SUB-SPECIALTY __________________________________________________________________
DIETARY RESTRICTIONS ___________________________________________________________

TUITION PAYMENT OPTIONS

<table>
<thead>
<tr>
<th></th>
<th>Full</th>
<th>Discounted*</th>
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<tbody>
<tr>
<td>Entire 5 Day Course</td>
<td>$1350</td>
<td>$1050</td>
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<tr>
<td>Monday, December 17</td>
<td>$435</td>
<td>$335</td>
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Musculoskeletal Imaging & PET Imaging
| Tuesday, December 18     | $435  | $335        |
Thoracic Imaging & Cardiac Imaging
| Wednesday, December 19   | $435  | $335        |
Breast Imaging & Emergency Imaging
| Thursday, December 20    | $435  | $335        |
Abdominal Imaging & Interventional Radiology
| Friday, December 21      | $435  | $335        |
Neuroradiology & Pediatric Imaging

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.

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: Marisa Costello, NYU Department of Radiology
462 First Avenue, OBH, C&D, Floor 1, Room 4, New York, NY 10016
FAX TO: (212) 263-3959

IN CASE OF QUESTIONS, CONTACT:
Michelle R. Koplik, Director of CME
Phone: (212) 263-3956 • email: michelle.koplik@nyumc.org
Marisa Costello, Program Manager
Phone: (212) 263-0724 • email: marisa.costello@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.

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.

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.