

Registration Form

31ST ANNUAL MORTON A. BOSNIAK Head to Toe Imaging Conference

December 17–21, 2012

Online
Registration
[www.radcme.
med.nyu.edu](http://www.radcme.med.nyu.edu)

PLEASE PRINT CLEARLY

First Name _____

Last Name _____

Address _____

City _____

State _____ Zip _____

Day Phone _____

Fax _____

Email _____
(must be provided for confirmation/receipt)

Degree _____ Specialty _____

Sub-Specialty _____

Dietary Restrictions _____

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

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) 263-3936 • email: michelle.koplik@nyumc.org
or **Marisa Costello, Program Manager**
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.

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.

Tuition Payment Options (Please Check)

	FULL	DISCOUNTED*
Entire 5 Day Course	<input type="checkbox"/> \$1295	<input type="checkbox"/> \$995
—Stop here if you are registering for the entire course—		
Monday, Dec. 17 (Daily Fee) Abdominal Imaging & Patient Safety in Imaging	<input type="checkbox"/> \$385	<input type="checkbox"/> \$285
Tuesday, Dec. 18 (Daily Fee) Thoracic Imaging & Cardiac Imaging	<input type="checkbox"/> \$385	<input type="checkbox"/> \$285
Tuesday, Dec. 18 Chelsea Art Tour (9:45-Noonish)	<input type="checkbox"/> \$35 per ticket	
Wednesday, Dec. 19 (Daily Fee) Neuroradiology & Pediatric Imaging	<input type="checkbox"/> \$385	<input type="checkbox"/> \$285
Thursday, Dec. 20 (Daily Fee) Musculoskeletal Imaging & Interventional Radiology	<input type="checkbox"/> \$385	<input type="checkbox"/> \$285
Thursday, Dec. 20 Chelsea Art Tour (9:45-Noonish)	<input type="checkbox"/> \$35 per ticket	
Friday, Dec. 21 (Daily Fee) Breast Imaging & PET/CT Imaging	<input type="checkbox"/> \$385	<input type="checkbox"/> \$285
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: _____

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