

# 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 \_\_\_\_\_

### Tuition Payment Options (Please Check)

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

\*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): \_\_\_\_\_

### 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.