

Clinical Imaging Symposium in Aruba

January 28 – February 1, 2013

Registration Form

Please Print Clearly

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____

Fax _____

E-mail *(required for course confirmation)* _____

Degree _____ Specialty _____

Subspecialty _____

Dietary Restrictions
(Please indicate any dietary restrictions on the registration form when you register.)

Registration Fee Options

(Please check appropriate boxes below)

Clinical Imaging Symposium in Aruba
January 28 – February 1, 2013
Hayatt Regency Resort, Aruba

☐ \$985 Registration Fee for Physicians

☐ \$775 Discounted Fee*

* *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, current residents/fellows, Canadian and other non-US physicians.*

* *Meeting registration and reservations made through the NYU hotel room block entitle each registrant to: conference syllabus, daily meeting breakfasts, daily meeting coffee breaks and welcome reception.*

Optional Printed Syllabus

☐ \$30 Additional Fee

Online Registration is Fast & Easy! Go to:
<http://www.med.nyu.edu/courses/cme/aruba13>

Methods of Payment

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

☐ Credit Card Payment (see below)

Payment by Credit Card

Bill to: ☐ Visa ☐ Mastercard ☐ American Express

Card Member's Name *(print carefully)* _____

Card # _____

Exp Date: Month/Year _____ / _____

Amount to be Charged: \$ _____

Signature *(required to process)* _____

Fax Form to: (212) 263-3959

If Sending a Check, Please Mail to:

Marisa Costello

Department of Radiology
462 First Avenue
OBH, C&D, Floor 1, Room 4
New York, NY 10016

Confirmation of Course Acceptance:

We no longer send out written or faxed confirmations. A confirmation receipt will be sent to you by e-mail if you provide your email address clearly.

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 at least 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.

In Case of Questions, Contact:

Michelle R. Koplik, Director of CME
(212) 263-3936 or michelle.koplik@nyumc.org

Marisa Costello, Program Manager
(212) 263-0724 or marisa.costello@nyumc.org

