

ACR EDUCATION CENTER GROUP REGISTRATION FORM



Save up to 35% on course fees! www.acr.org/group

Enhance your facility's radiology services — seats are limited, so register your group today.

Registrant Name _____
Last First MI Degree

Institution Name _____

Street Address Home Business _____

CME letter will be sent to the address provided.

City _____ State or Province _____ ZIP Code _____ Country (if not US) _____

Daytime Phone _____ Home Phone _____ Fax _____

Primary E-mail Home Business _____

Confirmation and all course preparatory material will be sent to the e-mail address provided.

Last four digits of SSN _____ Preferred Name on Badge _____

Choose Course[†]:

Membership Category:

Choose vendor*:

Coronary CT Angiography

Oct. 17-19, 2008 March 23-25, 2009
 June 19-21, 2009

I would like to attend vendor workstation refresher session the night before (6-7:30 p.m.)

Member: \$4,000

Member-in-Training: \$2,000

Nonmember: \$5,500

Barco/Voxar

Philips

TeraRecon

Vital Images

GE

Siemens

Visage Imaging

CT Colonography

Dec. 13-14, 2008 Feb. 23-24, 2009
 April 20-21, 2009

I would like to attend vendor workstation refresher session the night before (6-7:30 p.m.)

Member: \$3,000

Member-in-Training: \$1,500

Nonmember: \$4,500

Barco/Voxar

Philips

TeraRecon

Viatronix

GE

Siemens

Vital Images

Two attendees — 25% discount for both
Three or more attendees — 35% discount for all

Registration deadline is 48 business hours prior to the course.
NO ON-SITE REGISTRATION
will be accepted for these courses.

[†]Course faculty subject to change. * Vendor workstation subject to change and availability.

Payment (Registration forms will not be processed without payment.)

Please complete one form per registrant. To be eligible for group rates/pricing, all forms must be received by the expiration date. The group discount promotional offer expires Dec. 31, 2008. No other discounts or special offers can be combined with this offer.

Course preparation material is available at www.acr.org/educenter. Registration is required.

Two Easy Ways to Register

By Fax: 703-648-1863
(Credit card payment only)

By Mail: ACR Education Center
P.O. Box 2348
Merrifield, VA 22116-2348
(Include either a check payable to the ACR or credit card payment information.)

Form of Payment

TOTAL DUE: _____

Check payable to the ACR

Credit Card

American Express

MasterCard

Visa

Credit Card No. _____

Expiration Date _____
mm/yy

Cardholder's Signature _____

Cancellation Policy

Full refunds, less a \$500 administrative fee, will be granted in response to written notification of cancellation received 48 hours prior to the course. No refunds for no-shows.

MKT CODE: GROUP0809

Americans With Disabilities Act: The ACR encourages all people to participate. Individuals requiring auxiliary aids or services identified in the Americans With Disabilities Act should contact Pamela Mechler at 800-227-5463, ext. 4545, or pmechler@acr.org.

To inquire about your registration, please call 800-373-2204. Telephone registrations are not accepted.
Allow two weeks for receipt of confirmation.



Accredited Facility Group Discount

Please complete this form listing names of all members of the group and return to the ACR via fax or mail.

All registration forms must accompany this fax cover sheet in order to receive your group discount.

All attendees in a group must register for the same course.

To be eligible for group rates/pricing, all forms must be received at the same time. No other discount/special offer can be combined with this offer.

Please list the names of all attendees in your group below *(please print)*:

1. _____
2. _____
3. _____
4. _____

Contact Name: _____ Phone: _____

Number of pages, including cover sheet: _____

Fax to: Meeting Registration
703-648-1863
(Include credit card information.)

Mail to: ACR Education Center
PO Box 2348
Merrifield, VA 22116-2348
(Include either a check payable to the ACR or credit card payment information.)