



# TRRS ANNUAL MEETING REGISTRATION

MARCH 29-31, 2019, SHERATON AUSTIN HOTEL, AUSTIN, TX

## 1 ATTENDEE & GUEST INFORMATION *Please print or type.*

Name: \_\_\_\_\_ MD FACR PhD Other: \_\_\_\_\_  
First Middle Last Designation (Circle appropriate titles above)

Preferred Name for Badge: \_\_\_\_\_ Name of Clinic/Practice: \_\_\_\_\_

Preferred Address:  Business  Home \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse/Guest Attending? If yes, list name: \_\_\_\_\_   Special Needs? \_\_\_\_\_

## 2 SPECIALTY & INTENDED ATTENDANCE OF EDUCATIONAL SESSIONS

*Please let us know which sessions & days you plan to attend (check all that apply):*

SPECIALTY**	DAY(S) YOU WILL ATTEND
<input type="checkbox"/> Diagnostic Radiology	<input type="checkbox"/> Friday, 03/29/19
<input type="checkbox"/> Radiation Oncology	<input type="checkbox"/> Saturday, 03/30/19
<input type="checkbox"/> Medical Physics	<input type="checkbox"/> Sunday, 03/31/19
<input type="checkbox"/> Resident	

## 3 MEETING REGISTRATION FEES *Note: Your registration fees cover all continental breakfasts and coffee breaks, but NOT the lunches or evening social events. Pro-rated registration fees are NOT available even if attending only a portion of the program.*

MEMBER CATEGORIES & FEES (Check one)	Before Mar. 8	After Mar. 8	NON-MEMBER CATEGORIES & FEES** (Check one)	Before Mar. 8	After Mar. 8
<input type="checkbox"/> Member/Texas Speaker	\$350	\$400	<input type="checkbox"/> Non-Member Physician/Physicist	\$550	\$600
<input type="checkbox"/> Retired Member	\$250	\$300	<input type="checkbox"/> Non-Member Retired Member	\$450	\$500
<input type="checkbox"/> Resident/Fellow/Member in Training (MIT)	no charge	no charge	<input type="checkbox"/> Non-Member/Resident/Fellow/Member in Training (MIT)	\$200	\$250

**\*\*Signing up for TRRS membership before you register can save you money! Simply call the TRRS office at (512) 535-4920 for membership information or fill out the membership application on the membership page at [www.txrads.org](http://www.txrads.org).**

## 4 CME LUNCH & SOCIAL EVENT FEES

*Advance registration for all meals is required. Please check all events that you will attend and indicate the number of tickets required for each:*

	Resident Fee	or	Other Attendee Fee		Resident Fee	or	Other Attendee Fee
<input type="checkbox"/> Thurs. Welcome Reception _____ x \$0 or \$0 = \$ _____				<input type="checkbox"/> Sat. CME Lunch	N/A		or \$35 = \$ _____
<input type="checkbox"/> Fri. CME Lunch _____ x \$0 or \$35 = \$ _____				<input type="checkbox"/> RFS Career Fair Reception _____ x \$0 or \$0 = \$ _____			
<input type="checkbox"/> Fri. Awards Dinner _____ x \$20 or \$60 = \$ _____				<i>(residents &amp; fellows only)</i>			
				<b>Subtotal of social events &amp; CME lunch fees:</b>	<b>\$ _____</b>		

Please list any special dietary needs:  Vegetarian  Kosher  Severe Food Allergies: \_\_\_\_\_

## 5 OPTIONAL DONATIONS

2019 TRS PAC Donation \$ \_\_\_\_\_ (Non-tax deductible)

2019 TRS Foundation Donation \$ \_\_\_\_\_ (Tax deductible)

TRS Foundation: sponsor resident to attend annual meeting (\$500) \$ \_\_\_\_\_

**Subtotal of Donations:** \$ \_\_\_\_\_

## 6 TOTAL DUE

Registration fees (from section 3): \$ \_\_\_\_\_

Subtotal of lunch & event fees (from section 4): \$ \_\_\_\_\_

Subtotal of donations (from section 5): \$ \_\_\_\_\_

**Total due with registration form:** \$ \_\_\_\_\_

## 7 METHOD OF PAYMENT *Payment must accompany registration form.*

Check (made payable to the Texas Radiological Society)  Visa  MasterCard  AmEx Amount to be charged: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CVS No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street Address City State Zip

## 8 SUBMIT REGISTRATION TO: Texas Radiological Society, 24165 IH-10 W., Suite 217 #510, San Antonio, TX 78257 or Fax: (512) 276-6691