

**2010 Abdominal Radiology Course
On-site Registration Form
February 21-26, 2010 • Orlando, FL**

CONTACT INFORMATION

First Name _____ Middle Initial _____ Last Name _____
 Degree _____ Institution _____ Department _____
 Street Address _____ City _____ State/Province _____ Country _____
 Postal Code/Zip _____ Daytime Telephone _____ Fax _____
 E-Mail Address (For Confirmation Purposes) _____

Please indicate if you are a member of the following societies by checking the appropriate box:

SGR SUR ESGAR ESUR

REGISTRATION FEES

ARC registration includes admission to the general session, course syllabus, access to exhibits, continental breakfasts, welcome reception and annual awards ceremony and reception.

(Please Check One)	<u>On-site Registration</u>	<u>One Day</u>	<u>Two Day</u>	<u>Three Day</u>
SGR/SUR Member	<input type="checkbox"/> \$595	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
ESGAR/ESUR Member	<input type="checkbox"/> \$595	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
Physicians (Non-Members SGR/SUR)	<input type="checkbox"/> \$1050	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$750
Residents, Fellows, Technologists	<input type="checkbox"/> \$550	<input type="checkbox"/> \$125	<input type="checkbox"/> \$250	<input type="checkbox"/> \$375
Medical Students	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
SUR Member-in-Training*	<input type="checkbox"/> \$550	<input type="checkbox"/> \$125	<input type="checkbox"/> \$250	<input type="checkbox"/> \$375
Virtual Colonoscopy Hands-On	<input type="checkbox"/> \$1100			
Workstation Training (limited registration)				
Self-Assessment Modules (SAMs)	<input type="checkbox"/> \$35			

Total Registration Fee: _____

*Residents/Fellows: Proof of resident and fellow status must be faxed to 713-960-0488.

**Certificates of Attendance will be available.

WORKSHOP REGISTRATION

Tuesday, February 23		
Workshops	1st Choice	2nd Choice
Session I (1-12)	_____	_____
Session II (13-24)	_____	_____
Session III (25-35)	_____	_____
Session IV (36-46)	_____	_____
Session V (47-57)	_____	_____
Session VI (58-68)	_____	_____

Thursday, February 25		
Workshops	1st Choice	2nd Choice
Session VII (69-81)	_____	_____
Session VIII (82-94)	_____	_____
Session IX (95-106)	_____	_____
Session X (107-118)	_____	_____
Session XI (119-131)	_____	_____
Session XII (132-143)	_____	_____
Session XIII (144-155)	_____	_____

*Please select your first and second choices for each workshop session. Assignments will be made on a first-come, first-served basis. If you have registered for a SAM or the Virtual Colonoscopy Hands-On Workstation Training Course, please note that these activities occur concurrently with some of the workshop sessions. Please see the course brochure or call the ARC Management Office for details.

2010 Abdominal Radiology Course

International Meeting Managers ♦ 2010 Abdominal Radiology Course
 4550 Post Oak Place, Suite 342 ♦ Houston, Texas 77027
 Phone: 713-965-0566 ♦ Fax: 713-960-0488

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COMPLIMENTARY ARC EVENT REGISTRATION

SUNDAY, FEBRUARY 21, 2010 – SGR Business Meeting (Members Only)

Will you attend the SGR Annual Business Meeting and Lunch? Yes ___ No ___

SUNDAY, FEBRUARY 21, 2010 – SUR Business Meeting (Members Only)

Will you attend the SUR Annual Business Meeting and Lunch? Yes ___ No ___

MONDAY, FEBRUARY 22, 2010 – Welcome Reception

Will you attend the Welcome Reception? Yes ___ No ___

Will you bring a guest? If yes, please indicate how many. Yes ___ No ___ Quantity _____

WEDNESDAY, FEBRUARY 24, 2010 – Annual Awards Ceremony and Reception

Will you attend the Awards Ceremony and Reception? Yes ___ No ___

Will you bring a guest? If yes, please indicate how many. Yes ___ No ___ Quantity _____

MONDAY, FEBRUARY 22, 2010 – FRIDAY, FEBRUARY 26, 2010 – ARC Road Runners

Would you and your guests be interested in joining fellow meeting participants for informal group runs throughout the week?

If yes, please indicate the number of potential participants (including yourself): Quantity _____

If yes, please indicate the time of day that you would be most likely to participate: (6 am, 1:30 pm, or 4:30 pm)

ADDITIONAL ARC MEETING OPTIONS - FEES APPLY

SUNDAY, FEBRUARY 21-24, 2010 – Virtual Colonoscopy Hands-On Workstation Training

Will you attend the Virtual Colonoscopy Hands-On Workstation Training? Yes ___ No ___ X \$1100 _____

If yes, please rank the following in order of preference (1-being your first choice):

___ GE Healthcare ___ TeraRecon ___ Viatronix ___ Vital Images

TUESDAY, FEBRUARY 23, 2010 – Self Assessment Modules

Will you attend the Imaging the Pregnant Patient SAM? Yes ___ No ___ X \$35 _____

Will you attend the Small Bowel Imaging: Update SAM? Yes ___ No ___ X \$35 _____

TUESDAY, FEBRUARY 23, 2010 – Tennis Tournament

How many Tennis players? (\$45.00 each) Quantity _____ X \$45 _____

Please check your preferred court time:

___ 2:00-4:30 ___ 4:30-7:00 ___ No Preference

THURSDAY, FEBRUARY 25, 2010 – Golf Event

How many consecutive tee times would you like to purchase? (\$115 per person) Quantity _____ X \$115 _____

How many Golf Club Rentals? (\$65.50 each) Quantity _____ X \$65.50 _____

Please circle: Left or Right

How many Boxed Lunches? (\$25 per lunch) Quantity _____ X \$25 _____

THURSDAY, FEBRUARY 25, 2010 – Self Assessment Module

Will you attend the Recent Observations in Adrenal CT/MR Imaging SAM? Yes ___ No ___ X \$35 _____

Will you attend the CT of the Acute Abdomen SAM? Yes ___ No ___ X \$35 _____

Total Additional Options Fee: _____

Guest Information:

First Name _____ Last Name _____ Degree _____

Number of Children accompanying you _____

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PAYMENT INFORMATION

- Visa MasterCard American Express Discover
 Check (*Please make checks payable to: Abdominal Radiology Course 2010*)

Card Number: _____ Expiration Date: _____ Security Code: _____

Name as it appears on card: _____

Authorized Signature: _____ Date: _____

Billing Information: Same as registration address

_____ **Amount of Total Meeting Registration Fee: \$** _____

If you do not receive confirmation of your registration within two weeks of registering, please contact the Meeting Management office by phone at 713-965-0566 or e-mail at ARC@meetingmanagers.com.

CANCELLATION POLICY

No refunds will be made for on-site registration cancellations.

REGISTRATION DISCLAIMER

Abdominal Radiology Course and International Meeting Managers, Inc., as planners of this function claim no liability for the acts of any suppliers to this meeting or the safety of any attendees while in transit to or from this event. The total amount of any liability during the precise hours of the meeting will be limited to a refund of the attendance fees. Your signature below acknowledges acceptance of this provision of registration.

Signature _____ Date _____



If you have any special needs, please contact an ARC staff member at the registration desk.