



THE SOCIETY FOR PEDIATRIC RADIOLOGY
2019 MSK IMAGING COURSE
February 1-3, 2019 • Le Méridien Denver Downtown Hotel
Denver, Colorado

Registration Categories	Early Bird (On or before 12/1/2018)	Regular Rate (12/2/2019-1/18/2019)	Onsite (Starting on 1/19/2019)
SPR Member Physician	\$600	\$650	\$675
Non-Member Physician	\$700	\$750	\$775
Active Duty Military	\$500	\$550	\$575
In-Training (Med Stud, Resident, Fellow)	\$300	\$350	\$375
Technologist/Allied Health Professional	\$300	\$350	\$375

Registration fees include tuition, teaching materials, continental breakfasts, lunch on Friday and Saturday, as well as coffee breaks (registrants only).

REGISTRATION CATEGORY (Select One)

- SPR Member
 Emeritus SPR Member
 ESPR Member
 SLARP Member
 AOSPR Member
 AfSPI Member
 Med Student *
 Resident*
 Fellow*
 Nurse*
 Technologist*
 Physicist*
 Active Duty Military*
 Other Trainee
**(Verification (e.g. letter) required.)*

PAYMENT INFORMATION

Credit Card:
 American Express
 MasterCard
 VISA

Credit Number: _____ **Exp. Date:** _____

Authorized Signature: _____

REGISTRANT CONTACT INFORMATION *Please note that your name badge will contain your first name, last name, credentials and city/state as you provide below.*

Last Name: _____ **First Name:** _____ **MI:** _____ **Credentials:** _____

Badge Name: _____ *(If different than your first name)*

Preferred Mailing Address:
 Home
 Office

Institution: _____ **Mailing Address:** _____

City: _____ **State/Prov:** _____ **Postal Code:** _____ **Country:** _____

Preferred Phone:
 Home
 Office _____ **Preferred E-mail:**
 Home
 Office _____

EMERGENCY CONTACT INFORMATION *Should be someone who is not attending the Course with you.*

Name: _____ **Relationship:** _____ **Phone:** _____

DEMOGRAPHICS

If you have any special needs or dietary restrictions, please list:

If this your first SPR meeting?
 Yes
 No

How did you hear about the meeting?
 Brochure
 E-mail
 SPR Website
 Department
 Colleague/Friend
 Other (please specify) _____

Registration Disclaimer: The Society for Pediatric Radiology and the American College of Radiology, as planners of this function, claim no liability for the acts of any suppliers at this meeting or the safety of any attendee 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 fee. Your signature below acknowledges acceptance of this provision of registration.

Signature _____ **Date** _____

For Assistance: E-mail sprmeetings@acr.org or call the SPR Meetings Department at 800-373-2204 Monday through Friday, 8:30 a.m. to 5:00 p.m. Eastern Time. If you are located outside of the United States or Canada, please call 703-648-8900.