



Arkansas Society of Radiologic Technologists
70th Annual Conference Registration Form

Name: _____ **ArSRT ID #:** _____
Last First

Address: _____
Street/PO Box

City State Zip

E-mail address: _____
(Required for Correspondence from the ArSRT)

Phone: Home / Cell # _____ **Work #** _____

Please check all corresponding boxes below.

I plan on attending:

- Thursday Evening – Registration / Mixer (no charge)**
- Friday Only includes Honors Banquet (6 CE units) Members \$ 50 / Non-members \$100 includes membership**
 - I plan on attending the Honors Banquet*
- Friday Evening Only – Honors Banquet (1 CE unit) Members \$10 / Non-members \$20**
- Friday & Saturday includes Banquet & Business Luncheon (12 CE units)**
Members \$70 / Non-members \$120 includes membership
- Saturday Only includes Business Luncheon (6 CE units) Members \$50 / Non-members \$100 includes membership**
 - I plan on attending the Business Luncheon*

Please list number of guests attending Honors Banquet: # _____ (Non-clinical Free)

Total: _____ **Late Fee of \$25 Applied after March 1, 2018**

Pay Online & Fax or Email Registration Form To: Attention Tracy Parent 479-571-1986
tlparent71@gmail.com

Mail Registration Form & Check To: ArSRT, PO Box 241492, Little Rock, AR 72223

No refunds; any extenuating circumstances must be written and postmarked to ArSRT prior to the first business session of the annual conference.