



## Arkansas Society of Radiologic Technologists Student Membership / Participation Form

**Name:** \_\_\_\_\_ **T- shirt size:** \_\_\_\_\_

\_\_\_\_\_ Last

\_\_\_\_\_ First

**Address:** \_\_\_\_\_

\_\_\_\_\_ Street/PO Box

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

**E-mail address:** \_\_\_\_\_

(Required for Correspondence from ArSRT)

**Phone: Home / Cell #** \_\_\_\_\_

**Radiology Program Attending:** \_\_\_\_\_  
Example: BHCLR, St Vincent, UAMS LR, UAMS Fay, ASU, UA FS, SEARK

**1<sup>st</sup> year/Junior** \_\_\_\_\_ **2<sup>nd</sup> year/Senior** \_\_\_\_\_

**Student Membership = \$25**

**Please check all corresponding boxes below**

**I plan on participating in:**

**Quiz Bowl**

**Scientific Essay Competition**

**Scientific Exhibit Competition**

**Competing in one, two, or all three = \$35**

**Quiz Bowl Observation Only = \$25**

**Total:** \_\_\_\_\_

**Registration Form and Check To: Your Program Director / Instructor**

**Mail 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.