



**Arkansas Society of Radiologic Technologists**  
***Virtual Conference Registration Form***

**Name:** \_\_\_\_\_  
Last First

**ArSRT ID #:** \_\_\_\_\_ **ASRT ID # :** \_\_\_\_\_  
If Applicable Required for OK Residents

**Address:** \_\_\_\_\_  
Street/PO Box  
\_\_\_\_\_  
City State Zip

**E-mail address:** \_\_\_\_\_  
(Required for Participation in the Virtual Conference)

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

**Please check all corresponding boxes below.**

- ArSRT Member \$25**
- I plan on attending the Virtual Business Meeting on April 10 at 10:00 a.m. CDT**
- Oklahoma Resident ASRT Member \$25**
- Non-ArSRT Member or Non-Oklahoma Resident \$50**

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

**Mail Registration Form & Check/Money Order To:**  
ArSRT  
PO Box 55714  
Little Rock, AR 72215

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