

Registration Form

Program Title: 11th Biennial Breast Imaging Conference
Program Date: November 5 & 6, 2022
Program Location: Virtual



Name:

Credentials:

Email:

Street Address:

City/State/Zip:

Circle One

Member
\$0

Non-Member
\$100

Nurse/Rad Tech
\$50

**Payment Method
(circle one)**

Visa

MasterCard

Discover

American Express

Check (*see below)

CC #: Exp:

CSV:

Street Address:

Zip:

Make checks payable to **Michigan Radiological Society and mail to 4045 E Carpenter Rd., Flint, MI 48506. Submit completed form to Shannon Sage at shannon@michigan-rad.org.*