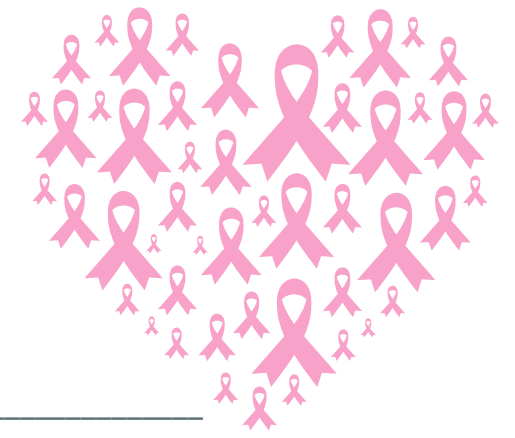


2024 BIENNIAL BREAST IMAGING CONFERENCE



November 9 & 10, 2024
Sheraton Detroit Novi

Name: _____

Credentials: _____

Hospital/Practice: _____

Email Address: _____

Registration Fee

Selection One:

- | | |
|---|-------|
| <input type="checkbox"/> MRS Member | \$450 |
| <input type="checkbox"/> MRS Member – (Sat. or Sun Only) | \$225 |
| <input type="checkbox"/> Non-Member | \$500 |
| <input type="checkbox"/> Non-Member – (Sat. or Sun Only) | \$250 |
| <input type="checkbox"/> Resident/Fellow | \$225 |
| <input type="checkbox"/> Resident/Fellow – (Sat. or Sun Only) | \$115 |
| <input type="checkbox"/> RN | \$225 |
| <input type="checkbox"/> RN – (Sat. or Sun Only) | \$115 |
| <input type="checkbox"/> Rad Tech | \$190 |
| <input type="checkbox"/> Rad Tech – (Sat. or Sun Only) | \$95 |

PAYMENT METHOD (CHECK ONE)

Visa Mastercard Am Ex Check (payable to Michigan Radiological Society)

CC #: _____ Exp: _____ CSV: _____

Street Address: _____ Zip: _____

Signature: _____

Mail checks to 4045 E Carpenter Road, Flint, MI 48506. For questions or more information please contact Shannon Sage by phone at 989-627-6872 or by email at shannon@michigan-rad.org.