

28TH ANNUAL RESIDENT SECTION CONFERENCE & 18TH ANNUAL RESIDENT RESEARCH FORUM



May 16, 2025
Fort Pontchartrain a Wyndham Hotel
Detroit, MI

Name: _____

Residency Program: _____

Program Director: _____

Email Address: _____

PAYMENT METHOD (CHECK ONE) \$40 x _____ = \$ _____

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

- No extra charge is required for attending the Saturday event.

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.