

2025 SPRING SUMMIT

May 17, 2025

Fort Pontchartrain a Wyndham Hotel
Detroit, MI



REGISTRATION

Name: _____

Organization: _____

Email Address: _____

PAYMENT METHOD (CHECK ONE) Registration fee: \$75

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.

