

WASHINGTON STATE RADIOLOGICAL SOCIETY

2010 ANNUAL MEETING

NOVEMBER 6, 2010
WORLD TRADE CENTER, SEATTLE, WASHINGTON

REGISTRATION (please type or print clearly)

Full Name _____ Name for Badge _____

Group/Hospital _____

Address _____

City/State/Zip _____

Phone _____ Alt.Ph _____ Email _____

My food preference is vegetarian

Conference registration fee includes tuition, syllabus, breakfast, AM/PM breaks, and lunch.

Conference Registration

- WSRS Member
- Non-Member Physician
- Senior Member
- Resident
- Practice Manager

Postmarked After Oct. 15

\$275
\$425
\$175
\$0
\$275

TOTAL ENCLOSED: _____

PAYMENT: Mail to WSRS, 2033 Sixth Avenue, Ste 1100, Seattle, WA 98121

Enclosed is my check made payable to: **WSRS**

Credit Card Payment: (Visa or MasterCard Only) Mail to address above or **Fax to 206-441-5863**

Print Name: _____

CC#: _____ Exp Date: _____

Billing address & Zip Code _____

Signature: _____

DEADLINES: To ensure that your name will appear on the program roster your registration must be received no later than October 1, 2010.

CANCELLATION POLICY: We must receive written notification of your cancellation. A \$50 processing fee will be deducted from the registration refund. No refunds will be issued after October 22, 2010.

INQUIRES: Contact Darla White at the WSRS Office at 206-956-3642, or send emails to ddw@wsma.org