



North Carolina Society of Radiologic Technologists, Inc.

AN AFFILIATE OF THE ASRT

Annual Conference Pre-Registration Form March 16-18, 2020 Carolina Inn, Pinehurst NC

Date of Registration: _____ NCSRT, Inc. Membership (if applicable) #: _____

Last Name: _____ First Name: _____ MI: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

ARRT/Educational Credentials: _____ (as you would like on your name tag)

Other: C.N.M.T. R.D.M.S. R.N. R.C.I.S. Student _____ (specify program)

Full Conference Registration	One Day Registration (please select date)	
<input type="checkbox"/> Members: \$220	<input type="checkbox"/> Tuesday March 17	<input type="checkbox"/> Wednesday March 18
<input type="checkbox"/> Non-Members: \$320	<input type="checkbox"/> Members \$110	
<input type="checkbox"/> Student Members: \$110	<input type="checkbox"/> Non-Members: \$160	
<input type="checkbox"/> Student Non-Members: \$170	<input type="checkbox"/> Student Members: \$55	
	<input type="checkbox"/> Student Non-Members: \$85	
EXTRAS		
<input type="checkbox"/> Quiz Bowl Only: \$10	<input type="checkbox"/> Putt Putt at Pinehurst Social Event \$25.00 (Tuesday March 17 at 6:00pm)	
<input type="checkbox"/> Luncheon Only \$30 per meal		

**** Please pre-register early** FAX: 888-276-8931**

Pre-Registration DEADLINE is Friday February 28, 2020

Late and On-Site Registration is an additional \$25.00 across all categories.

FULL CONFERENCE REGISTRATION FEE INCLUDES: Monday, Tuesday, and Wednesday NCSRT, Inc. sponsored educational sessions, Quiz Bowl, all meal functions.

ONE DAY REGISTRATION FEE INCLUDES: admittance to NCSRT, Inc. sponsored educational events for that day, meals included for selected day.

*Non-members will pay increased fee for registration.

Out of state technologists may register under the status of their state professional society if proof of status is provided. Credentials will be checked. Proof of membership is required at time of meeting registration.

METHOD OF PAYMENT

Make check or money order payable to NCSRT, Inc. CK # _____ Visa MasterCard

Credit Card #: _____ Exp. Date: _____ CVV #: _____

Printed Name (as appears on card): _____

Billing address required if different from applicant: _____

NCSRT, Inc. Refund/Cancellation Policy: To receive a refund, please submit your request to the NCSRT, Inc. Treasurer 14 days prior to the day of the meeting. Refunds will be issued based on your original method of payment and a 40% cancellation fee will be deducted. Full refunds will be applied if the conference is cancelled. The NCSRT, Inc. accepts no responsibility and offers no reimbursement for airfare or other expenses incurred by participants.

Photo, Video and Advertising Waiver: By attending an NCSRT, Inc. event, you grant NCSRT, Inc. permission to use your name and likeness and your statements about the event in photographs, videos, advertising or any other type of promotional material. Unless you revoke this permission in writing to the NCSRT, Inc, by virtue of your attendance you agree to the use of your likeness in such materials.

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