

1. GENERAL INFORMATION:

Type or print in blue or black ink. Please provide business address information. **This form will not be accepted without exact, full payment in US Dollars drawn on a US bank.**

First Name

Last Name

Professional Suffix

Institution

Business Address (No P.O. Boxes)

Department/Division

City State

ZIP Country

Daytime Telephone (International attendees please include country/city codes)

Fax Number

E-Mail Address (Required)

2. OCCUPATION: (Check only one)

- | | | |
|---|---|---|
| Physician specialties: | Scientist specialties: | Technologist specialties: |
| <input type="checkbox"/> 1. Nuclear Medicine | <input type="checkbox"/> 11. Chemistry | <input type="checkbox"/> 20. Administrative/Chief |
| <input type="checkbox"/> 2. Radiology | <input type="checkbox"/> 12. Physics | <input type="checkbox"/> 21. Staff |
| <input type="checkbox"/> 3. Cardiology | <input type="checkbox"/> 13. Computer Sciences | In-training*: |
| <input type="checkbox"/> 4. Radiation Oncology | <input type="checkbox"/> 14. Pharmacy | <input type="checkbox"/> 22. Resident, Intern, Fellow |
| <input type="checkbox"/> 5. Oncology | <input type="checkbox"/> 15. Other: (specify) _____ | <input type="checkbox"/> 23. Medical/Graduate Student |
| <input type="checkbox"/> 6. Neurology | | <input type="checkbox"/> 24. Technologist Student |
| <input type="checkbox"/> 7. Endocrinology | Industry: | |
| <input type="checkbox"/> 8. Internal Medicine | <input type="checkbox"/> 16. Sales | |
| <input type="checkbox"/> 9. Pathology | <input type="checkbox"/> 17. R&D | |
| <input type="checkbox"/> 10. Other: (specify) _____ | <input type="checkbox"/> 18. Executive | |
| | <input type="checkbox"/> 19. Other: (specify) _____ | |

3. TYPE OF CME CREDIT:

- No credit/not applicable
- Physician (AMA PRA)
- Technologist (VOICE)
- Pharmacist (ACPE)
- Physicist (CAMPEP)

4. MEMBERSHIP INFORMATION: (Check one)

- Yes, I am a member of the Society of Nuclear Medicine. My membership number is: _____
(SNM member registration fees are applicable to members whose dues are fully paid on or before June 7, 2006.)
- No, I am not a member of the Society of Nuclear Medicine. Please apply a portion of my nonmember full registration fee towards a new membership. Visit the Education Booth for application materials. (Applies to new membership only) (1NEW)

5. REGISTRATION SELECTION: (Check only one type)

ANNUAL MEETING REGISTRATION (Sunday–Wednesday) This fee entitles the registrant admittance to the exhibit and poster halls, plenary lectures, continuing education and scientific (abstracts) sessions, the Welcome Reception and the Technologist Party. Categorical seminars on Saturday are not included. See Part 8 for Saturday categorical seminar registration and fee.

Physician	Member Fees	Nonmember Fees
Scientist	<input type="checkbox"/> \$535 (RA1M)	<input type="checkbox"/> \$750 (RA1N)
Industry	<input type="checkbox"/> \$535 (RA2M)	<input type="checkbox"/> \$750 (RA2N)
Technologist	<input type="checkbox"/> \$535 (RA3M)	<input type="checkbox"/> \$750 (RA3N)
Emeritus	<input type="checkbox"/> \$325 (RA4M)	<input type="checkbox"/> \$525 (RA4N)
In-training*	<input type="checkbox"/> \$185 (RA5M)	
Resident, intern, fellow and medical/graduate student	<input type="checkbox"/> \$50 (RB6M)	<input type="checkbox"/> \$50 (RB6N)
Technologist student	<input type="checkbox"/> \$0 (RB7M)	<input type="checkbox"/> \$0 (RB7N)

*In-training attendees (technologist students, residents, interns, fellows and medical/graduate students) must provide written verification on official letterhead signed by their program director.

- CT WORKSHOP: Radiology-Based Training for the Nuclear Medicine Technologist** (Saturday, Sunday & Monday)
If you register for the CT Workshop, do not register for the Annual Meeting. CT Workshop registrants receive admission to the Welcome Reception, Exhibit Hall, Technologist Party, all Plenary Sessions and Tuesday's Continuing Education program.

- Member Fee \$600 (RC1X) Nonmember Fee \$700 (RC1X)

SUB-TOTAL PART 5 \$ _____

6. COMPANION/CHILD RESERVATION: (16 years of age or older)

Registration includes the Welcome Reception, the Technologist Party, and access to the exhibit hall. Children under the age of 16 are NOT permitted on the exhibit hall floor.

\$50 each x _____ (# of registrants) = \$ _____ (RG97)

- Name(s): 1. _____
2. _____

SUB-TOTAL PART 6 \$ _____

7. SPECIAL NEEDS: Please indicate any special needs.

8. CATEGORICAL SEMINARS: (Saturday)

Please choose a categorical seminar. You have access to any of the categorical seminars throughout Saturday.

- \$140 Member Fee \$200 Nonmember Fee

Physician Categorical Seminars:

- CAT 1: Diagnosis and Management of Breast Cancer: Current Practice and New Frontiers (CT01)
- CAT 2: Biomarkers in CNS (CT02)
- CAT 3: Molecular Imaging and Therapy and the NIH Road map: Perspectives and Potential (CT03)
- CAT 4: PET/CT in Oncology: Focus on the Referring Physician: What Does Your Referring Physician Want from PET/CT? (CT04)
- CAT 5: PET/CT Scanners: What's Available and How They Work (CT05)
- CAT 6: Expanding the Use of Nuclear Cardiology: Advances in Radionuclide Imaging and Integration with Other Developing Image Modalities (CT06)
- CAT 7: Pediatric Oncology: From Bench to Bedside and Beyond (CT07)
- CAT 8: New Horizons in Oncology and Neurology (CT08)

Technologist Categorical Seminars:

- TSCAT 10: Opportunities and Challenges in Modern Medicine Technology (CT10)
- TSCAT 11: PET/CT: An Atlas in Application in Technology (CT11)
- TSCAT 12: Cardiology: A Comprehensive Look at Nuclear Medicine Technology (CT12)

9. SPECIALTY WORKSHOPS:

- 2006 NUCLEAR MEDICINE (PHYSICIAN) BOARD REVIEW** (CW01) \$150 Fee
- NMTCB CERTIFICATION EXAM REVIEW AND MOCK EXAM** (CW02) \$50 Fee
- NCI Workshop** (CW03) No Fee

SUB-TOTAL PART 9 \$ _____

10. SATURDAY EVENING EVENT: "MINI-DECADE REVIEW"

\$100 each x _____ (# of tickets) = \$ _____ (EV01) (No refunds)

SUB-TOTAL PART 10 \$ _____

11. HOTEL: Please indicate the hotel you are staying at.

12. How did you hear about the 53rd Annual Meeting?

- Brochure
- Preliminary Program
- E-mail
- SNM Website
- Other Website
- Advertisement
- Other: (specify) _____
- Oncologist Brochure
- Scientist Brochure
- Technologist Brochure
- Cardiologist Brochure
- Nuclear Medicine/Radiologist Brochure

13. PAYMENT: EXACT full payment must accompany this form.

GRAND TOTAL: \$ _____
(total of fees from Sections 5, 6, 8, 9 and 10)

Payment by check:

Make check (US Dollars drawn on a US bank) payable to: ITS/Society of Nuclear Medicine. NO VOUCHERS, PURCHASE ORDERS, WIRE TRANSFERS, OR NON-USA CHECKS.

Payment by Credit Card:

- Visa MasterCard American Express

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Signature: _____