

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 | | |
| <input type="checkbox"/> 8. Internal Medicine | Industry: | |
| <input type="checkbox"/> 9. Pathology | <input type="checkbox"/> 16. Sales | |
| <input type="checkbox"/> 10. Other: (specify) _____ | <input type="checkbox"/> 17. R&D | |
| | <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 4, 2006.)
- No, I am not a member of the Society of Nuclear Medicine.

5. REGISTRATION SELECTION: (Check only one type)

WEEKEND REGISTRATION (Saturday and Sunday)
Weekend registration entitles admittance on Saturday and Sunday only. Saturday events include a categorical seminar and the Welcome Reception with the opening of the exhibit hall. Sunday events include the plenary session and the first day of continuing education and scientific (abstracts) sessions. Events and sessions held Monday through Wednesday are not included. Please mark the categorical seminar you wish to attend in Section 8. Do not check any fees in Section 8.

(Check appropriate box below)

	Member Fees	Nonmember Fees
Physician	<input type="checkbox"/> \$325 (RB1M)	<input type="checkbox"/> \$425 (RB1N)
Scientist	<input type="checkbox"/> \$325 (RB2M)	<input type="checkbox"/> \$425 (RB2N)
Industry	<input type="checkbox"/> \$325 (RB3M)	<input type="checkbox"/> \$425 (RB3N)
Technologist	<input type="checkbox"/> \$300 (RB4M)	<input type="checkbox"/> \$400 (RB4N)
In-training*		
Resident, intern, fellow and medical/graduate student	<input type="checkbox"/> \$25 (RB6M)	<input type="checkbox"/> \$25 (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

SUB-TOTAL PART 5 \$ _____

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

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 (no charge). You have access to any of the categorical seminars throughout Saturday.

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?

- | | |
|---|--|
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Oncologist Brochure |
| <input type="checkbox"/> Preliminary Program | <input type="checkbox"/> Scientist Brochure |
| <input type="checkbox"/> E-mail | <input type="checkbox"/> Technologist Brochure |
| <input type="checkbox"/> SNM Website | <input type="checkbox"/> Cardiologist Brochure |
| <input type="checkbox"/> Other Website | <input type="checkbox"/> Nuclear Medicine/Radiologist Brochure |
| <input type="checkbox"/> Advertisement | |
| <input type="checkbox"/> Other: (specify) _____ | |

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

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

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Signature: _____