

Contact Information

Check here if this is your first SNM Annual Meeting

Member #: _____
 First Name: _____ Last Name: _____ Professional Suffix: _____
 Chapter (if applicable): _____ Title: _____
 Organization: _____ Mailing Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Email Address (required): _____ Phone (please include country code): _____

Regular Registration Rates (after April 12, 2012) Please select one:

Full Meeting Registration† (Saturday 4:30pm-6:00pm – Wednesday)			Weekend Rates† (WE) – Saturday & Sunday	
Registration Type	Member	Nonmember	Member	Nonmember
Physician	<input type="checkbox"/> \$692	<input type="checkbox"/> \$907	<input type="checkbox"/> \$417	<input type="checkbox"/> \$562
Scientist	<input type="checkbox"/> \$692	<input type="checkbox"/> \$907	<input type="checkbox"/> \$417	<input type="checkbox"/> \$562
Industry	<input type="checkbox"/> \$692	<input type="checkbox"/> \$907	<input type="checkbox"/> \$417	<input type="checkbox"/> \$562
Technologist	<input type="checkbox"/> \$425	<input type="checkbox"/> \$680	<input type="checkbox"/> \$375	<input type="checkbox"/> \$510
Laboratory Professional*	<input type="checkbox"/> \$425	<input type="checkbox"/> \$680	<input type="checkbox"/> \$375	<input type="checkbox"/> \$510
Emeritus	<input type="checkbox"/> \$304		n/a	
Resident and Student**	<input type="checkbox"/> \$192	<input type="checkbox"/> \$217	<input type="checkbox"/> \$142	<input type="checkbox"/> \$167
Technologist Student**	<input type="checkbox"/> No Charge	<input type="checkbox"/> \$105	<input type="checkbox"/> No charge	<input type="checkbox"/> \$100
Tech Student with CE**	<input type="checkbox"/> \$425	<input type="checkbox"/> \$425	<input type="checkbox"/> \$375	<input type="checkbox"/> \$375
Companion/Guest (16 yrs or older)	<input type="checkbox"/> \$50		Name of Guest:	

I am a nonmember and wish to apply a portion of my registration fee to a SNM Membership.

*Laboratory Professionals must provide written verification. Please [download](#) a verification form.
 **Residents and Students (Intern, Scientist In-Training, Medical/Graduate /Technologist Student) must provide written verification on official letterhead signed by Program Director, or Advisor.
 **Technologist Student Fee does not include CE credit. Technologist Students wishing to claim CE must register as Technologist Student with CE and provide payment in order to obtain CE credit.
 †Full Registration does not include categoricals or specialty workshops. These events require an additional fee. Weekend Registration includes a Categorical, Saturday & Sunday CE Sessions, Opening Plenary Session, access to the Exhibit Hall, and Exhibitor Welcome Reception). Specialty Workshops require an additional fee.

Additional Options

A. Categorical Seminars – Saturday, June 9 (Requires an additional fee unless you are a weekend attendee)

Physician/Scientist Categorical Seminars	Member	Nonmember
(PC1) Update in Cardiovascular Molecular Imaging: Part I – Emerging Technology, Applications and Controversies in Cardiovascular Molecular Imaging. Part II – Emerging Concepts in Cardiovascular Perfusion and Molecular Imaging	<input type="checkbox"/> \$165	<input type="checkbox"/> \$225
(PC2) Application-Specific Molecular Imaging	<input type="checkbox"/> \$165	<input type="checkbox"/> \$225
(PC3) SPECT/CT imaging; Clinical Role and Applications	<input type="checkbox"/> \$165	<input type="checkbox"/> \$225
(PC4) Molecular Imaging in Europe and Asia: New Lessons from the Old World	<input type="checkbox"/> \$165	<input type="checkbox"/> \$225
(PC5) Current Practice and Controversies in I-131 Therapy for Differentiated Thyroid Cancer	<input type="checkbox"/> \$165	<input type="checkbox"/> \$225
(PC6) PET Boot Camp: Mind, Body & Spirit	<input type="checkbox"/> \$165	<input type="checkbox"/> \$225
(PC7) Applications of Click Chemistry in Molecular Imaging	<input type="checkbox"/> \$165	<input type="checkbox"/> \$225
(PC8) Advances in Molecular Neuroimaging: From Bench to Bedside, FDG and Beyond	<input type="checkbox"/> \$165	<input type="checkbox"/> \$225
Technologist Categorical Seminars	Member	Nonmember
(TC11) Nuclear Medicine 101: Back to Basics	<input type="checkbox"/> \$165	<input type="checkbox"/> \$225
(TC12) Cardiac PET & SPECT 2012	<input type="checkbox"/> \$165	<input type="checkbox"/> \$225
(TC13) Career Development Options for the Nuclear Medicine Technologists	<input type="checkbox"/> \$165	<input type="checkbox"/> \$225

B. SNM Virtual Meeting

Get access to full-motion video capture of 70 of the most popular sessions from the SNM 2012 Annual Meeting—Online and on DVD-ROM.

	Member	Nonmember
SNM Virtual Meeting Online Access Only (VM00)	<input type="checkbox"/> \$129	<input type="checkbox"/> \$229
SNM Virtual Meeting Online Access AND DVD-ROM (VM0D)	<input type="checkbox"/> \$179	<input type="checkbox"/> \$279

C. Specialty Workshops (requires an additional fee)

Nuclear Medicine Physician Board Review (Sat/Sun)	<input type="checkbox"/> Saturday Only \$50 (SW01A)	<input type="checkbox"/> Sunday Only \$50 (SW01B)	<input type="checkbox"/> Both Days \$100 (SW01)
Student Technologist Registry Review & Mock Exam (Sat/Sun)	<input type="checkbox"/> \$50 (SW02)		
NCT Review & Mock Exam (Thurs-Sat)	<input type="checkbox"/> \$150 (SW03)		

D. CT Case Review for Nuclear Medicine Physicians (CR) – Tuesday & Wednesday

I would like to attend this training (You must be registered for the Full Conference to attend this training)

SNM Annual Meeting 2012 Regular Form ◊ Member #: _____ First Name: _____ Last Name: _____

Demographic Questions *(Please complete the following questions)*

A. Select Your Certification CE Credit Type:

- VOICE (Technologist)
 AMA PRA (Physician)
 ACPE (Pharmacist)
 CAMPEP (Physicist)
 NONE

B. Select Your Primary Specialty Area:

- | | | | | | |
|---|---|---|---|---|---|
| <input type="checkbox"/> Biochemistry | <input type="checkbox"/> Hybrid Imaging | <input type="checkbox"/> Medical Physics | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Preclinical Research | <input type="checkbox"/> Radionuclide Therapy |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Molecular Imaging | <input type="checkbox"/> Oncology | <input type="checkbox"/> Radiation Therapy | <input type="checkbox"/> Radiopharmacy |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Instrumentation | <input type="checkbox"/> Molecular Probe & Contrast Agent Development | <input type="checkbox"/> Optical Imaging | <input type="checkbox"/> Radiochemistry | <input type="checkbox"/> Other |
| <input type="checkbox"/> Dosimetry/Radiobiology | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Nanomedicine | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Radioimmunoassay | |
| <input type="checkbox"/> Health Physics | <input type="checkbox"/> Medical Devices | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Radiology | |

C. Select Your Primary Place of Work:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Academic Institution | <input type="checkbox"/> Free Standing Imaging | <input type="checkbox"/> Institutional Library | <input type="checkbox"/> Mobile Unit |
| <input type="checkbox"/> Departmental Library | <input type="checkbox"/> Government Laboratory | <input type="checkbox"/> Medical Center/Hospital | <input type="checkbox"/> Molecular Imaging Laboratory |
| <input type="checkbox"/> Facility | <input type="checkbox"/> Industry | <input type="checkbox"/> Military Clinic/Hospital | <input type="checkbox"/> Other _____ |

D. Select the Technologies You Use at your Job *(please check all that apply):*

- | | | | | |
|---|--------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> 3-D Imaging | <input type="checkbox"/> Fluoroscopy | <input type="checkbox"/> Optical | <input type="checkbox"/> Small Animal Imaging | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> CT | <input type="checkbox"/> Hematology | <input type="checkbox"/> PACS/Teleradiology | <input type="checkbox"/> SPECT | |
| <input type="checkbox"/> Computer Aided Diagnosis | <input type="checkbox"/> MRI | <input type="checkbox"/> PET | <input type="checkbox"/> SPECT/CT | |
| <input type="checkbox"/> DICOM | <input type="checkbox"/> MRS | <input type="checkbox"/> PET/CT | <input type="checkbox"/> Ultrasound/Sonography | |
| <input type="checkbox"/> Digital X-Ray | <input type="checkbox"/> Mammography | <input type="checkbox"/> Radiology Information Systems (RIS) | <input type="checkbox"/> X-Ray | |

E. Are you scheduled as an ABSTRACT PRESENTER for an oral or poster scientific session? Yes No

NOTE: Please check YES if you are or plan to be a replacement for a scheduled oral/poster presenter of a scientific session.

F. Select years of experience in the field.

- Less than 5 years
 5-10 years
 11-20 years
 more than 20 years

Payment Information *(Full payment is needed in order to process your registration for the Annual Meeting)*

Grand Total: _____

- Check – Please make check payable to SNM *(in U.S. Dollars)*
 American Express
 Mastercard
 VISA

Credit Card Number: _____ Expiration Date: _____

Name as it appears on Card: _____

Cardholder Signature: _____ Today's Date: _____

4 Ways to Register

Online:
www.snm.org/am2012
Phone:
 703-995-1806/866-849-9828
Fax:
 703-631-6288
Mail:
 SNM Registration Center
 c/o J. Spargo & Associates
 11208 Waples Mill Road
 Suite 112
 Fairfax, VA 22030



Individuals needing auxiliary aids or services as identified in the Americans with Disabilities Act, please call (703) 708-9000 extension 1229.