Regular Registration Form

Contact Information
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 11, 2013) Please select one:

<table>
<thead>
<tr>
<th>Full Meeting Registration† (Saturday 4:30pm-6:00pm – Wednesday)</th>
<th>Weekend Rates† (WE) – Saturday &amp; Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Type</td>
<td>Member</td>
</tr>
<tr>
<td>Physician</td>
<td>$700</td>
</tr>
<tr>
<td>Scientist</td>
<td>$700</td>
</tr>
<tr>
<td>Industry</td>
<td>$700</td>
</tr>
<tr>
<td>Technologist</td>
<td>$425</td>
</tr>
<tr>
<td>Laboratory Professional*</td>
<td>$430</td>
</tr>
<tr>
<td>Emeritus</td>
<td>$310</td>
</tr>
<tr>
<td>Resident and Student**</td>
<td>$200</td>
</tr>
<tr>
<td>Technologist Student**</td>
<td>$425</td>
</tr>
<tr>
<td>Tech Student with CE**</td>
<td>$425</td>
</tr>
<tr>
<td>Companion/Guest (16 yrs or older)</td>
<td>$50</td>
</tr>
</tbody>
</table>

*Laboratory Professionals must provide written verification. Please download a verification form on www.snmmi.org/am2013.
**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 8 (Requires an additional fee unless you are a weekend attendee)

<table>
<thead>
<tr>
<th>Physician/Scientist Categorical Seminars</th>
<th>Member</th>
<th>Nonmember</th>
</tr>
</thead>
<tbody>
<tr>
<td>(PC1) Translational Molecular Cardiovascular Imaging: From Benchside to Bedside – Part I: Advances in Technology, Myocardial Receptors and Metabolism, Part II: Advances in Translational Imaging, Heart Failure and Clinical Practice</td>
<td>$165</td>
<td>$225</td>
</tr>
<tr>
<td>(PC2) Challenges of Regulatory and Reimbursement Approval for Molecular Imaging Agents</td>
<td>$165</td>
<td>$225</td>
</tr>
<tr>
<td>(PC3) Radiolabeled Peptides/Proteins for PET Imaging</td>
<td>$165</td>
<td>$225</td>
</tr>
<tr>
<td>(PC4) A Journey from PET/CT to PET/MRI: The Need for Introducing PET/MRI</td>
<td>$165</td>
<td>$225</td>
</tr>
<tr>
<td>(PC5) Molecular Imaging in Neurodegenerative Diseases: State of the Art and Future Trends</td>
<td>$165</td>
<td>$225</td>
</tr>
<tr>
<td>(PC6) Hybrid Imaging in Pediatric Nuclear Medicine</td>
<td>$165</td>
<td>$225</td>
</tr>
<tr>
<td>(PC7) Image- and Dosimetry-guided Management of Neuroendocrine Tumors (NETs)</td>
<td>$165</td>
<td>$225</td>
</tr>
<tr>
<td>(PC8) Update on Tumor Imaging and Therapy</td>
<td>$165</td>
<td>$225</td>
</tr>
<tr>
<td>Technologist Categorical Seminars</td>
<td>Member</td>
<td>Nonmember</td>
</tr>
<tr>
<td>(TC11) Nuclear Medicine 2013: Back to Basics</td>
<td>$165</td>
<td>$225</td>
</tr>
<tr>
<td>(TC12) Emerging Technology: Discover the Future</td>
<td>$165</td>
<td>$225</td>
</tr>
<tr>
<td>(TC13) Nuclear Cardiology in 2013: Preparing for the Future</td>
<td>$165</td>
<td>$225</td>
</tr>
</tbody>
</table>

*Members who are also members of a Council or Center will receive a $20 discount when registering online for a Physician Categorical.

B.  SNMMI Virtual Meeting

Get access to full-motion video capture of 70 of the most popular sessions from the SNMMI 2013 Annual Meeting—Online and on DVD-ROM.

<table>
<thead>
<tr>
<th>SNMMI Virtual Meeting Online Access Only (VMOO)</th>
<th>Member</th>
<th>Nonmember</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNMMI Virtual Meeting Online Access AND DVD-ROM (VMOD)</td>
<td>$129</td>
<td>$229</td>
</tr>
</tbody>
</table>

C.  Specialty Workshops (requires an additional fee)

<table>
<thead>
<tr>
<th>Specialty Workshops</th>
<th>Member</th>
<th>Nonmember</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nuclear Medicine Review Course (Sat/Sun)</td>
<td>$250</td>
<td>$350</td>
</tr>
<tr>
<td>Student Technologist Registry Review &amp; Mock Exam (Sat/Sun)</td>
<td>$50</td>
<td>$50</td>
</tr>
</tbody>
</table>

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)
SNMMI Annual Meeting 2013 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:

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

C. Select Your Primary Place of Work:

- [ ] Academic Institution
- [ ] Medical Center/Hospital
- [ ] Free Standing Imaging
- [ ] Mobile Unit
- [ ] Institutional Library
- [ ] Military Clinic/Hospital
- [ ] Departmental Library
- [ ] Government Laboratory
- [ ] Other
- [ ] Facility
- [ ] Industry
- [ ] Medical Library
- [ ] Molecular Imaging Laboratory
- [ ] Optical Imaging System
- [ ] Other

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

- [ ] 3-D Imaging
- [ ] Cardiac Imaging
- [ ] Computer Aided Diagnosis
- [ ] CT
- [ ] Densiometry
- [ ] DICOM
- [ ] Digital X-Ray
- [ ] Flow Cytometry
- [ ] Fluoroscopy
- [ ] Hematology
- [ ] Instrumentation
- [ ] Optical Imaging
- [ ] Optical Tomography
- [ ] Optical Probe
- [ ] PACS/Teleradiology
- [ ] PET
- [ ] PET/CT
- [ ] RIS
- [ ] Radiology Information System (RIS)
- [ ] SPECT
- [ ] SPECT/CT
- [ ] Ultrasound/Sonography
- [ ] 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)

- [ ] Check – Please make check payable to SNMMI (in U.S. Dollars)
- [ ] American Express
- [ ] Mastercard
- [ ] VISA

Grand Total: __________________

Last 4 Digits of Credit Card: ___________________ Expiration Date: ___________________

Name as it appears on Card: ___________________

Cardholder Signature: ___________________ Today’s Date: ___________________

I would like to receive a print copy of the 2013 Abstract Book:  [ ] Yes  [ ] No (required)

4 Ways to Register

Online:  www.snmmi.org/am2013
Phone:  866.849.9828 (US Only)
        703.449.6418 (International)
Fax:  703-631-6288
Mail:  SNMMI Registration Center
c/o J. Spargo & Associates
      11208 Waples Mill Road
      Suite 112
      Fairfax, VA 22030

Registration Cancellation/Change Policy: Cancellation and change request must be received by May 6, 2013 to qualify for a refund less a $50.00 cancellation fee. No refunds will be issued for cancellation and changes received after May 6, 2013. Refunds will be processed based on the original form of payment within 30 days after the completion of the meeting. No shows will be charged the full registration fee. No refunds will be given for any reason after June 14, 2013.

Please Enter Full Credit Card Number: ___________________