



THE SOCIETY FOR PEDIATRIC RADIOLOGY
2019 FETAL IMAGING COURSE
September 12-15, 2019 • Children's Hospital of Philadelphia
Philadelphia, Pennsylvania

| Registration Categories | Early Bird (On or before 7/1/2019) | Regular Rate (7/2/2019-8/12/2019) | Onsite (Starting on 8/13/2019) |
|--|---------------------------------------|--------------------------------------|-----------------------------------|
| SPR Member Physician | \$600 | \$650 | \$675 |
| Non-Member Physician | \$700 | \$750 | \$775 |
| Active Duty Military | \$500 | \$550 | \$575 |
| In-Training (Med Stud, Resident, Fellow) | \$300 | \$350 | \$375 |
| Technologist/Allied Health Professional | \$300 | \$350 | \$375 |

Registration fees include tuition, teaching materials, continental breakfasts, lunch on Thursday, Friday and Saturday, as well as coffee breaks (registrants only).

REGISTRATION CATEGORY (Select One)

- SPR Member Emeritus SPR Member ESPR Member SLARP Member AOSPR Member AfSPI Member
 Med Student * Resident* Fellow* Nurse* Technologist* Physicist* Active Duty Military* Other Trainee
**(Verification (e.g. letter) required.)*

PAYMENT INFORMATION

Credit Card: American Express MasterCard VISA

Credit Number: _____ **Exp. Date:** _____

Authorized Signature: _____

REGISTRANT CONTACT INFORMATION *Please note that your name badge will contain your first name, last name, credentials and city/state as you provide below.*

Last Name: _____ **First Name:** _____ **MI:** _____ **Credentials:** _____

Badge Name: _____ *(If different than your first name)*

Preferred Mailing Address: Home Office

Institution: _____ **Mailing Address:** _____

City: _____ **State/Prov:** _____ **Postal Code:** _____ **Country:** _____

Preferred Phone: Home Office _____ **Preferred E-mail:** Home Office _____

EMERGENCY CONTACT INFORMATION *Should be someone who is not attending the Course with you.*

Name: _____ **Relationship:** _____ **Phone:** _____

DEMOGRAPHICS

If you have any special needs or dietary restrictions, please list:

If this your first SPR meeting? Yes No

How did you hear about the meeting? Brochure E-mail SPR Website Department Colleague/Friend
 Other (please specify) _____

Registration Disclaimer: The Society for Pediatric Radiology and the American College of Radiology, as planners of this function, claim no liability for the acts of any suppliers at this meeting or the safety of any attendee while in transit to or from this event. The total amount of any liability during the precise hours of the meeting will be limited to a refund of the attendance fee. Your signature below acknowledges acceptance of this provision of registration.

Signature _____ **Date** _____

For Assistance: E-mail sprmeetings@acr.org or call the SPR Meetings Department at 800-373-2204 Monday through Friday, 8:30 a.m. to 5:00 p.m. Eastern Time. If you are located outside of the United States or Canada, please call 703-648-8900.