

**2012 Abdominal Radiology Course  
Registration Form  
March 25-30, 2012 • Scottsdale, Arizona**

**CONTACT INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Badge Name \_\_\_\_\_  
 Degree \_\_\_\_\_ Institution \_\_\_\_\_ Department \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_  
 Postal Code/Zip \_\_\_\_\_ Daytime Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-Mail Address (For Confirmation Purposes) \_\_\_\_\_

Address:  
 Business   
 Home

Please indicate if you are a member of the following societies by checking the appropriate box:

SGR       SUR       ESGAR       ESUR

**REGISTRATION FEES**

ARC registration includes admission to the general session, course syllabus, access to exhibits, continental breakfasts and breaks for meeting attendees and the Welcome Reception and Awards Ceremony Reception for attendees and guests.

**\*An additional \$20 fee has been added to the registration prices below to reflect the Fax/Mail fee, as indicated in the brochure.** You will not be charged the additional \$20 fee if you register online at [www.sgr.org](http://www.sgr.org) or [www.uroradiology.org](http://www.uroradiology.org). Please note that you can register online and pay by check by simply selecting the "pay by check" option on the online form. Check payments can be forwarded to the address at the base of this form.

(Please Check One)	<u>On or Before January 22, 2012</u>	<u>After January 22, 2012</u>	<u>On-Site</u>
SGR/SUR Member	<input type="checkbox"/> \$515	<input type="checkbox"/> \$570	<input type="checkbox"/> \$595
ESGAR/ESUR Member	<input type="checkbox"/> \$515	<input type="checkbox"/> \$570	<input type="checkbox"/> \$595
Physicians (Non-Members SGR/SUR)	<input type="checkbox"/> \$970	<input type="checkbox"/> \$1015	<input type="checkbox"/> \$1050
Residents, Fellows, Technologists*	<input type="checkbox"/> \$470	<input type="checkbox"/> \$520	<input type="checkbox"/> \$550
Medical Students*	<input type="checkbox"/> \$120	<input type="checkbox"/> \$170	<input type="checkbox"/> \$200

**Total Registration Fee:** \_\_\_\_\_

\*Residents/Fellows/Students: Proof of resident, fellow, and student status must be faxed to 713-960-0488.

\*\*Certificates of Attendance will be available.

**WORKSHOP REGISTRATION**

<b>Tuesday, March 27</b>			<b>Thursday, March 29</b>		
<b>Workshops</b>	<b>1<sup>st</sup> Choice</b>	<b>2<sup>nd</sup> Choice</b>	<b>Workshops</b>	<b>1<sup>st</sup> Choice</b>	<b>2<sup>nd</sup> Choice</b>
Session I (1-14)	_____	_____	Session VII (81-93)	_____	_____
Session II (15-28)	_____	_____	Session VIII (94-106)	_____	_____
Session III (29-41)	_____	_____	Session IX (107-119)	_____	_____
Session IV (42-54)	_____	_____	Session X (120-132)	_____	_____
Session V (55-67)	_____	_____	Session XI (133-145)	_____	_____
Session VI (68-80)	_____	_____	Session XII (146-158)	_____	_____
			Session XIII (159-171)	_____	_____

*\*Please select your first and second choices for each workshop session. Assignments will be made on a first-come, first-served basis. If you have registered for a SAM, the Virtual Colonoscopy Hands-On Workstation Training Course or the Advanced Small Bowel Imaging Hands-On Workstation Training Course, please note that these activities occur concurrently with some of the workshop sessions. Please see the course brochure or call the ARC Management Office for details.*

**2012 Abdominal Radiology Course  
Registration Form  
March 25-30, 2012 • Scottsdale, Arizona**

**COMPLIMENTARY ARC EVENT REGISTRATION**

**SUNDAY, March 25, 2012 – SGR Business Meeting (Members Only)**

Will you attend the SGR Annual Business Meeting? Yes\_\_\_ No\_\_\_

**SUNDAY, March 25, 2012 – SUR Business Meeting (Members Only)**

Will you attend the SUR Annual Business Meeting? Yes\_\_\_ No\_\_\_

**SUNDAY, March 25, 2012 – Joint SGR and SUR Lunch (Members Only)**

Will you attend the Joint SGR and SUR Lunch following the business meetings? Yes\_\_\_ No\_\_\_

**MONDAY, March 26, 2012 – Welcome Reception**

Will you attend the Welcome Reception? Yes\_\_\_ No\_\_\_

Will you bring a guest? If yes, please indicate how many. Yes\_\_\_ No\_\_\_ Quantity\_\_\_\_\_

**WEDNESDAY, March 28, 2012 – Annual Awards Ceremony and Reception**

Will you attend the Awards Ceremony and Reception? Yes\_\_\_ No\_\_\_

Will you bring a guest? If yes, please indicate how many. Yes\_\_\_ No\_\_\_ Quantity\_\_\_\_\_

**MONDAY, March 26, 2012 – FRIDAY, March 30, 2012 – ARC Road Runners**

Would you and your guests be interested in joining fellow meeting participants for informal group runs throughout the week?

If yes, please indicate the number of potential participants (including yourself): Quantity\_\_\_\_\_

If yes, please indicate the time of day that you would be most likely to participate: (6 am, 1:30 pm, or 4:30 pm)

**ADDITIONAL ARC MEETING OPTIONS - FEES APPLY**

**SUNDAY, March 25, 2012 – WEDNESDAY, March 28, 2012 – Virtual Colonoscopy Hands-On Workstation Training**

Will you attend the Virtual Colonoscopy Hands-On Workstation Training? Yes\_\_\_ No\_\_\_ X \$1050 \_\_\_\_\_

If yes, please rank the following in order of preference (1-being your first choice):

\_\_\_ GE Healthcare \_\_\_ Philips Healthcare \_\_\_ Siemens \_\_\_ Viatronix \_\_\_ Vital Images

**MONDAY, March 26, 2012 – Advanced MRI Techniques of the Prostate Hands-On Workshop Training**

Will you attend the Advanced MRI Techniques of the Prostate Hands-On Workshop? Yes\_\_\_ No\_\_\_ X \$175 \_\_\_\_\_

**MONDAY, March 26, 2012 – Golf Event**

Number of Golfers (\$158 per person) Quantity\_\_\_\_\_ X \$158 \_\_\_\_\_

How many Golf Club Rentals? (\$76.27 each) Quantity\_\_\_\_\_ X \$76.27 \_\_\_\_\_

Please circle: Left or Right

How many Shoe Rentals? (\$27.24 per pair) Sizes Needed: \_\_\_\_\_ Quantity\_\_\_\_\_ X \$27.24 \_\_\_\_\_

**TUESDAY, March 27, 2012 – Self Assessment Modules**

Will you attend the Diagnostic Dilemmas in Adnexal Imaging SAM? Yes\_\_\_ No\_\_\_ X \$35 \_\_\_\_\_

Will you attend the Small Bowel Imaging: Update SAM? Yes\_\_\_ No\_\_\_ X \$35 \_\_\_\_\_

**TUESDAY, March 27, 2012 – Morning Yoga**

Are you or your guests interested in attending a morning yoga class at the Resort's Willow Stream Spa?

How many participants? (\$15.00 each) Quantity\_\_\_\_\_ X \$15 \_\_\_\_\_

**TUESDAY, March 27, 2012 – Tennis Tournament**

How many Tennis players? (\$50.00 each) Quantity\_\_\_\_\_ X \$50 \_\_\_\_\_

How many Tennis Racquet Rentals? (\$10 each) Quantity\_\_\_\_\_ X \$10 \_\_\_\_\_



**2012 Abdominal Radiology Course  
Registration Form  
March 25-30, 2012 • Scottsdale, Arizona**

**PAYMENT INFORMATION**

Visa                       MasterCard                       American Express                       Discover                       JCB  
 Check (*Please make checks payable to: Abdominal Radiology Course 2012*)                      Check # \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address:                       Same as registration address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount of Total Meeting Registration Fee Enclosed: \$** \_\_\_\_\_

If you do not receive confirmation of your registration within two weeks of registering, please contact the Meeting Management office by phone at 713-965-0566 or e-mail at [ARC@meetingmanagers.com](mailto:ARC@meetingmanagers.com).

**CANCELLATION POLICY**

A \$100.00 administrative fee will be retained if you cancel your registration for any reason. In order to receive a refund of the Balance, we must receive written notice at least one week before the course begins; thereafter, no refunds will be made.

Cancellations for the Tennis and Golf Events received prior to February 22, 2012 are fully refundable; thereafter, no refunds will be made.

**REGISTRATION DISCLAIMER**

Abdominal Radiology Course and International Meeting Managers, Inc., as planners of this function claim no liability for the acts of any suppliers to this meeting or the safety of any attendees 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 fees. Your signature below acknowledges acceptance of this provision of registration.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Questions?** Phone: 713-965-0566 Email: [ARC@meetingmanagers.com](mailto:ARC@meetingmanagers.com)