

# Registration

**Online** registration available at [www.nasci.org](http://www.nasci.org)  
**Fax** registration with payment to (703) 264-2093  
**Mail** registration and payment to NASCI,  
Attn: Membership, 1891 Preston White Drive, Reston, VA 20191

|                          |                |  |                          |                                  |        |
|--------------------------|----------------|--|--------------------------|----------------------------------|--------|
| Last Name                |                | First Name   |                          | Middle                           | Degree |
| Institution/Company Name |                |  |                          | Preferred Badge Name             |        |
| Street Address           |                | <input type="checkbox"/> This is my Home Address <input type="checkbox"/> Business Address |                          |                                  |        |
| City                     | State          | Zip Code   | Country                  |                                  |        |
| Home Telephone           |                | Business Telephone   |                          | Email Address (required for CME) |        |
| SSN* (last four digits)  | Date of Birth* | Business Fax   |                          |                                  |        |
| Emergency Contact Name   |                |  | Emergency Contact Number |                                  |        |

Name of Guest Accompanying You

*(In order to keep registration fees low, only the welcome reception is open to guests. Breakfast and breaks are for course attendees only.)*

## Fees

### Join and Save

**Physician Member of NASCI**

**In Training Member\*\* (Program End Date \_\_\_\_\_)**

**Non Member of NASCI**

**Allied Health**

**Military discount is available through online registration only.**

### Early Registration On or before 8/6/10

- \$900
- \$700
- \$300
- \$950
- \$200

### On or after 8/7/10

- \$1000
- \$800
- \$400
- \$1050
- \$300

**Total \$ \_\_\_\_\_**

If you require auxiliary aides or services, as identified in the American Disabilities Act, please check the box, and we will contact you. Should you have questions, please contact Michelle Bourke at 800-227-5463 ext 4322 or by e-mail at [mbourke@acr-arrs.org](mailto:mbourke@acr-arrs.org).

## Payment Information

**Registration forms will not be processed without payment.**

Check enclosed payable to NASCI  Visa  MasterCard  Am Ex

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Name (Please print) \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

## Cancellations

Full refunds, less a \$75 administrative service charge, will be granted in response to written notification of cancellation received on or before August 27, 2010. No refunds will be granted after August 27, 2010.

\* Birth date and/or last four of your social security number are used to uniquely identify you in our database.

\*\* In-training or Fellow registrants must provide their institution/program name along with the program end date in order to be processed. In-training or Fellow registrants do not receive CME.