

**N.S.R.T. Annual Conference, April 15 - April 17, 2010
 Holiday Inn Midtown - Grand Island, Nebraska
 Pre-registration Deadline - April 4, 2010
Registration Fees**

Pre-registration is encouraged and must be received by **April 4th** or ON-SITE REGISTRATION WILL BE AN ADDITIONAL \$10.00. **To minimize conference costs**, we ask that you indicate the meals you plan to attend. Meal tickets for meals will be included in your conference packet. Registration fees include meals you indicate, refreshments breaks and any course materials for the day(s) you register.

OUT-OF-STATE: Out-of-State technologists who register for the meeting may remit member fees. PROOF of out-of-state membership must accompany your registration form. (i.e. WSRT, KSRT)

NON-MEMBERS MAY JOIN THE NSRT WHEN SENDING REGISTRATION FORM. A membership application is included in this flier or may be obtained from the NSRT web site (<http://www.nsrtnet.net>). Please mail membership application with meeting registration.

Registration for the Mammography Symposium is required to attend!

	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>3 Days</u>
NSRT Member	\$70.00	\$90.00	\$95.00	\$155.00
Non-Member	\$130.00	\$150.00	\$150.00	\$215.00
Student Member	\$35.00	\$45.00	\$45.00	\$75.00
Registration after April 4, 2010 or at the door add \$10.00			\$ _____	

I will be attending the following days:
 Thursday _____ Friday _____ Saturday General _____ Saturday Mammography _____

I plan to attend: _____ **Friday Luncheon** TOTAL REGISTRATION FEE: \$ _____
 _____ **Saturday Luncheon**

NSRT EIN# 31-1703260

Confirmation will be sent by e-mail only. If an email address is not available, please call the NSRT office to confirm your registration. Phone: (308) 382-3381

Make check or money order payable to:
THE NEBRASKA SOCIETY OF RADIOLOGIC TECHNOLOGISTS. (NSRT)
 Return registration fee and form to:

NSRT
 1924 West 13th Street
 Grand Island, Nebraska 68803
nsrt@charter.net

**FEE MUST ACCOMPANY YOUR REGISTRATION FORM.
 NO PHONE REGISTRATIONS WILL BE ACCEPTED.**

Name: _____ SSN: _____ - _____ - _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ (day) _____ (evening)
 Employer/Institution: _____
 Email Address: _____

NSRT Membership Application
Expires June 30, 2010

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____
 Employer/Institution: _____
 Social Security #: _____
 Nebraska License #: _____
 ARRT - Registry #: _____ Active Inactive
 Radiography Mammography Radiation Therapy Nuclear Medicine
 CT MRI CV QM Sonography RRA
 RDMS RVT CNMT RPA
 Member of the American Society of Radiologic Technologists (ASRT)
 Active Associate Inactive Student
 Limited Scope Radiography
 Full-time Student (Documentation of enrollment must accompany application)
 Educational Facility: _____
 Program being attended: _____
 Expected date of graduation: _____
 Commercial Representative
 Company: _____

Please submit appropriate fee according to membership status

- ACTIVE - Must be an active member of the ASRT & ARRT - \$40.00
- ASSOCIATE - Must be ARRT (Registered or NE Licensed Limited Scope Radiography - \$40.00
- STUDENT - Must be full time, documentation required - \$10.00
- INACTIVE - No longer employed in the field of Radiologic Technology - \$40.00
- RETIRED - ARRT registered, retired from practice - \$40.00

Make Checks Payable to NSRT
Mail Application and Payment to:

**Nebraska Society of Radiologic Technologists
 1924 West 13th Street
 Grand Island NE, 68803-3723**

••••• MEMBERSHIPS ARE NONREFUNDABLE •••••