

SIIM 2010 Annual Meeting Registration Form
Minneapolis, Minnesota
◆ June 3-6, 2010 ◆

SIIM Imaging Informatics
Professional Bootcamp
◆ Wednesday, June 2, 2010 ◆

First Name: _____ Middle/Initial: _____ Last Name: _____
 Degree: _____ Title: _____
 Department: _____
 Institution: _____
 Mailing Address: _____
 City: _____ State/Prov: _____ Zip: _____
 Country (if not US): _____
 Phone Number: _____ Fax Number: _____
 Email Address: _____

SIIM Annual Meeting Registration Rates Thursday, June 3, 2010 – Sunday, June 6, 2010	Early Bird Until 5/3/10	After 5/3/10 and On Site	Enter Amount
<u>Full Conference Registration</u>			
<input type="checkbox"/> SIIM Member Rate	\$445	\$495	_____
<input type="checkbox"/> Non-Member Rate (Full access to online meeting resources, includes 2010 SIIM Membership)	\$595	\$645	_____
<u>Resident/Full-Time Student Full Conference Registration</u>			
<input type="checkbox"/> SIIM Resident/Full-Time Student Member Rate	\$0	\$0	_____
<input type="checkbox"/> Non-Member Resident/Full-Time Student Rate* (includes 2010 SIIM Membership)	\$100	\$100	_____
*Letter from Program Director confirming Residency/Full-Time Student Status Required			
<u>Daily Registration (per day)</u>			
<input type="checkbox"/> Thursday, June 3 rd	\$200	\$250	_____
<input type="checkbox"/> Friday, June 4 th	\$200	\$250	_____
<input type="checkbox"/> Saturday, June 5 ^h & Sunday, June 6 th (Special Weekend Rate)	\$200	\$250	_____
<input type="checkbox"/> Guest/Companion (for Full Conference Registrations only) Name for Badge _____	\$50	\$50	_____
<input type="checkbox"/> SIIM Imaging Informatics Professional Bootcamp Wednesday, June 2 nd	\$250	\$250	_____
<u>SIIM Individual Membership Renewal</u>			
<input type="checkbox"/> US/Canadian Member	\$150	\$150	_____
<input type="checkbox"/> International Member	\$200	\$200	_____
<input type="checkbox"/> Emeritus Member	\$100	\$100	_____
<input type="checkbox"/> Resident/Full-Time Student (USA & Canada only) Letter from Program Director confirming Residency/Full-Time Student Status Required	\$100	\$100	_____

TOTAL AMOUNT ENCLOSED

\$ _____

Payment:

Check enclosed in U.S. Dollars to: SIIM 2010

Credit Card: VISA MasterCard AMEX Discover

Credit Card Number: _____ Expiration date (MM/YY): ____/____

Security Code (3 or 4 Digits): _____ Zip code of credit card billing address (US only): _____

Authorizing Signature: _____

Cancellation/Refund Policy

All cancellations and requests for refunds must be in writing and received no later than **May 10, 2010**. Refunds are subject to an \$80 administrative fee. **No refunds will be issued after May 10, 2010.**

Annual Meeting Badges

Attendees must wear badges at all times. You will not be admitted to the Exhibit Hall, General Sessions, or Educational & Scientific Sessions without the proper badge.

Photo Release

SIIM may copyright and distribute materials containing any photo, video, film, or audio from the meeting without approval to help promote its programs, meetings, symposia or exhibits.

Request for Continuing Education Credit

- Physicians – Category I Credits for CME are offered to physicians.
- Technologists – Category A Credits for CE offered to radiologic technologists.
- Physicist – Medical Physics Continuing Education Credit (MPCEC) offered to medical physicists.
- Imaging Informatics Professional Certificate of Attendance
- No CME requested

Attendee Profile

Occupation (please select only ONE category–best match)
(Occupation must be indicated to process meeting registration.)

- Physician
- Medical Physicist
- C-level Administrator (CEO, CFO, CIO, CMO, CMIO)
- Health Care Administrator
- PACS Administrator
- Technologist
- IT Director/Manager/Health Information Professional
- Scientist/Researcher/Computer Scientist
- Engineer
- Educator
- Vendor/Consultant
- Resident/Student

Primary Occupational Setting (please select ONE category–best match)

- University Hospital
- Military, VA or Govt Hospital
- Community Hospital
- Imaging Center, Office or Clinic
- Corporate
- University/College (non-hospital)
- Government (non-hospital)

Medical Specialty (select ONE category-best match)

- Radiology
- Cardiology
- Nuclear Medicine
- Oncology
- Pathology
- Information Systems
- Other _____

Meeting Groups (please check ALL that apply)

- CRISS Member
- Excite Member
- DIAMOND Member
- SIIM 2010 Scientific Presenter
- SIIM 2010 Invited Speaker/Faculty
- IIP Bootcamp Speaker

How did you learn of the SIIM 2010 meeting? (select ONE-best match)

- Colleagues
- Direct Mail
- SIIM News*
- SIIM eNewsletter (email)
- Journal of Digital Imaging* (JDI)
- SIIM Website
- Internet Link (please specify) _____
- Social Networking Community (please specify) _____

Interests (select all that apply)

- PACS Administration
- PACS Implementation & Migration
- Interoperability/Integration
- Workflow/Productivity
- Image Processing
- Image Compression
- Archive Integrity/Security
- Teleradiology/Image Distribution
- QA for Electronic Images
- Reading Room/Speech Recognition
- Image Enabled EMR
- Computer-Aided Diagnosis
- Computed Radiography
- Direct Digital Radiology
- TRIP™
- Other Interest _____

Americans with Disabilities Act

Do you need auxiliary aids or services as identified in the Americans with Disabilities Act?

Yes No

Early-Bird Registration Deadline: May 3, 2010

Three Easy Ways to Register

Internet:
www.siim2010.org (Credit Card Only)

Mail:
SIIM 2010 Meeting Registration
19440 Golf Vista Plaza, Suite 330
Leesburg, VA 20176

Fax:
703-723-0415 (Credit Card Only)

Allow up to 3 weeks for receipt of your registration confirmation email. Keep a copy of this form for your records.