



Registration Form

AHRA 39th Annual Meeting and Exposition



Three Easy Ways to Register:

Complete form and:

MAIL TO:

AHRA 2011 Registration **(All forms of payment)**
490-B Boston Post Road, Suite 200, Sudbury, MA 01776

FAX TO*:

AHRA 2011 Registration **(Credit Cards only)**
(978) 443-8046

ONLINE*:

www.ahraonline.org **(Credit Cards only)**

If you register by fax or online please **DO NOT also send a copy of your registration by mail; this may result in a duplicate registration.*

Please CLEARLY print, type, or attach a business card:

AHRA Member # _____

First Name _____

Last Name _____

Name on Badge (if different from above) _____

Degree _____

Title _____

Organization _____

Address Work Home _____

City _____

State _____

Zip _____

Country _____

Telephone _____

Fax _____

Email _____

Attendee List: Following the meeting, AHRA exhibitors receive a list of all attendees' mailing addresses. AHRA does not distribute phone numbers, fax numbers or email addresses.

Check all that apply:

- New AHRA Member (joined since July 2010)
(check to attend First Time Attendee's Breakfast!)
- This is my first AHRA Annual Meeting
(check to attend First Time Attendee's Breakfast!)
- Nonmember
- Check to receive AHRA membership information

Check all that apply:

- Radiology Administrator: Hospital
- Radiology Administrator: Imaging Center
- Radiology Business Manager
- Hospital CEO/COO
- Imaging Center CEO/COO
- Information Services Director/Staff
- PACS Administrator
- Chief Technologist
- Commercial
- Consultant
- Educator
- Media
- Other (please specify) _____

Where Do You Work?

- Hospital
- Hospital with OP Imaging Centers
- Healthcare System (multiple facilities)
- Imaging Center
- Physician Practice
- Other

Primary Department/Area

- Radiology
- OP imaging center
- Medical Imaging
- Diagnostic Imaging
- Other

Do you work in a hospital?

Yes

No

Do you work in an imaging center?

Yes

No

If you work in a hospital, how many beds does your hospital have?

- 1-99
- 100-199
- 200-299
- 300-399
- 400-499
- 500-749
- Over 750

CANCELLATION POLICY

Cancellation of registration must be received in writing no later than **July 13, 2011** and is subject to a \$75 handling fee. No partial or full refunds will be available after this date. If you cannot attend, you may send a substitute; you must notify the AHRA Registration Coordinator in writing of the substitute's name by July 29, 2011. If the substitute is not in the same registrant class as the original registrant (e.g. member or non-member), additional fees will be due. In the event the AHRA Annual Meeting is cancelled, AHRA will refund your registration fee only. AHRA is not responsible for airfare and hotel deposits and payments.





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Annual Meeting Registration Fees

FULL-MEETING FEE *(check one)*

Full meeting registration includes all educational programs, exhibit hall viewing, and all meals and social events listed in the program.

- AHRA Member **\$525**
- Nonmember **\$655**
- *Nonmember Plus AHRA Membership **\$700**

**Join and register – includes full meeting registration and 1 full year of AHRA membership with no application fee (a savings of \$25!)*

SINGLE-DAY FEE *(check one)*

Single-day registration admits you to all educational programs, exhibit hall viewing, and all meals and social events listed in the program for that day ONLY.

- AHRA Member **\$250**
- Nonmember **\$380**
- *Nonmember Plus AHRA Membership **\$425**

Day attending *(select one day only):*

- Monday
- Tuesday
- Wednesday

**Join and register – includes full meeting registration and 1 full year of AHRA membership with no application fee (a savings of \$25!)*

- GUEST PACKAGE \$80 per guest** No. of guests _____

Guest Package includes admittance for One (1) guest into the following additional events:

- AHRA Annual Theme Party – Wednesday 8/17
- Closing Session – Wednesday 8/17
- Exhibit Hall Lunches – Monday 8/15, Tuesday 8/16, Wednesday 8/17

Guest badges are for family members accompanying you to the AHRA Annual Meeting and Exposition. They are not intended for radiology or other healthcare professionals. AHRA reserves the right to deny guest badges to any individual for any reason at any time.

Please provide the names of family members who will need badges *(full names are required):*

Workshops

AHRA's CRA Exam Workshop

DATE/TIME: Sunday, August 14, 2011
8:00 am – 6:00 pm

The fee below includes continental breakfast, lunch, a full day workshop program, and admittance to the President's Reception.

With AHRA full Annual Meeting Registration:

- AHRA Member **\$125**
- Nonmember **\$155**

Workshop Only:

- AHRA Member **\$275**
- Nonmember **\$305**

Leadership In Imaging Nursing Management Workshop

DATE/TIME: Sunday, August 14, 2011
7:45 am – 5:30 pm

ATTENDANCE LIMIT: 100 – advance registration required

The fee below includes continental breakfast, lunch, a full day workshop program, and admittance to the President's Reception.

With AHRA full Annual Meeting Registration:

- AHRA Member **\$125**
- Nonmember **\$155**

Workshop Only:

- AHRA Member **\$275**
- Nonmember **\$305**

Full Conference Audio CD Set

We are pleased to provide Annual Meeting attendees an opportunity to receive the Full Conference Audio CD Set as part of attendance at the following discounted price:

- \$199 with AHRA 2011 Annual Meeting registration *(regularly priced \$538*)*

**Regular price applies onsite and post-show*



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ahra 2011

*Discounts for Multiple Registrants

Applies to Annual Meeting AND Basic Management Skills Program registrations.

If your facility is sending three or more registrants, you can take advantage of discounted fees. Take 5% off the registration fee for the third and additional registrants from the same facility/institution. This discount does not apply to multiple facilities within a health system. Each registrant must complete a registration form.

*PLEASE NOTE: This discount applies to the Registration Fee **ONLY**. It should not be applied to the **Total**, once additional workshop and guest fees have been included.

**Please list the name of the other registrants from your facility in the space provided below or if you are registering on-line, indicate in the fields provided.

Special Needs

Do you have any special needs that require special arrangements? Please describe:

3

REGISTER ME NOW!

Annual Meeting Registration Fee	+	_____
Multiple Registration Discount	-	_____
Full Audio CD Set	+	_____
Membership Fee	+	_____
Additional workshop fees	+	_____
<input type="checkbox"/> CRA Exam Workshop		
<input type="checkbox"/> Leadership In Imaging Nursing Mgmt Workshop		
Guest Package	+	_____
TOTAL		_____

Registration Payment

Meeting registration payment **MUST** accompany this form. If you are using MasterCard, VISA, or American Express the registration form can be faxed to (978) 443-8046 or you may register online at www.ahraonline.org. If you register by fax or online, please **DO NOT** also send a copy or your registration by mail; this may result in a duplicate registration.

Payment enclosed

Check (made payable in US dollars to AHRA – Federal Tax ID: 23-7271872)

Credit Card

Visa: CVV Code* _____

MasterCard: CVV Code* _____

American Express

Card Number _____

Expiration Date _____

Name on card (*please print*) _____

Authorized Signature _____

* The CVV code is the last 3 digits in the signature strip on the back of the credit card.

Continuing Education

AHRA has applied for ARRT Category A continuing education credit. Indicate below if you desire credit.

Category A Continuing Education Units (ARRT)

ARRT Certificate Number _____