

Registration and Hotel Reservation Form

Step 1: Contact Information

By registering for the RSNA annual meeting, you understand and accept our Privacy Policy (see terms and conditions on next page) I accept

Last (Family) Name	Degree(s)	RSNA/AAPM Member Number or Customer Number	
First Name	Title / Position	Nickname on Badge	
Institution / Company / Hospital			
Address <input type="checkbox"/> Home <input type="checkbox"/> Office			
City / State / Province	Zip / (Postal) Code	Country	
Email	Telephone	Twitter Username <input type="checkbox"/> Add to badge	

Accompanying Spouse/Family Member(s) (Children under the age of 16 will not be admitted or issued a badge.) Primary Guest \$0 Secondary Guest(s) \$50/each

Check here if, under the Americans with Disabilities Act, you require accommodations or services in order to attend. You will be contacted by RSNA.

Step 2: Registration Category

Registration Code and Category:

(e.g., 23a / Radiology Support Personnel - technologist).

Check if you are a presenter

Package:

- Standard Deluxe
 Premium Executive
 Virtual Only Technical Exhibits Only

Step 3: Primary Specialty

Check only one subspecialty code from the following:

- | | | |
|--|---|---|
| <input type="checkbox"/> Breast | <input type="checkbox"/> Informatics | <input type="checkbox"/> Pediatric |
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Interventional | <input type="checkbox"/> Physics & Basic Science |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Leadership & Management | <input type="checkbox"/> Professionalism (Including Ethics) |
| <input type="checkbox"/> Computed Tomography | <input type="checkbox"/> Magnetic Resonance Imaging | <input type="checkbox"/> Radiation Oncology |
| <input type="checkbox"/> Diagnostic | <input type="checkbox"/> Molecular Imaging | <input type="checkbox"/> Research & Statistical Methods |
| <input type="checkbox"/> Education | <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Safety & Quality |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Neuroradiology | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Vascular |
| <input type="checkbox"/> Genitourinary | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Other |
| <input type="checkbox"/> Head & Neck | <input type="checkbox"/> Oncologic Imaging | |
| <input type="checkbox"/> Health Policy | | |

Step 4: Demographics

This is my first RSNA Annual Meeting

Date of Birth:

MONTH	DAY	YEAR
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Male Female

Practice setting:

Academic Private Other

Step 5: CME

What type of CME Certificate do you require?

- Physician
 Non-Physician
 ARRT
 None

Step 6: Hotel Reservation

Arrival Day / Date	Departure Day / Date		
1st Choice: Hotel Number & Name	2nd Choice: Hotel Number & Name	3rd Choice: Hotel Number & Name	
<input type="checkbox"/> Single (1 bed)	<input type="checkbox"/> Double (2 persons / 1 bed)	<input type="checkbox"/> Twin (2 persons / 2 beds)	<input type="checkbox"/> Suite

Person(s) sharing my room (other than Spouse / Family Member(s) listed in Step 1 above)

If my choices are unavailable, please book a room based on: Rate \$ _____ Location: _____ Other: _____
Room Rate Desired

I do not require a hotel reservation because: I will reserve a room later. I am staying at a local residence.

I have reservations at (hotel): _____ I am sharing a room reserved by: _____

Step 7: Payment Information

Registration Package	_____
Registration Rate	\$ _____
Spouse/family member badge fees	\$ _____
Bistro RSNA (\$23/ticket)	\$ _____
5k Fun Run tickets (\$40/runner)	\$ _____
Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL	

A deposit equal to the first night's room and tax is required to confirm your hotel reservation. The credit card used must be valid through December 2018 and will be charged by the hotel approximately two weeks before the annual meeting.

Total payment enclosed \$ _____

Marketing Code

Check # _____ American Express Discover MasterCard Visa
(payable to RSNA 2018 in U.S. funds, drawn on a U.S. bank)

Card number

Name as it appears on card	Expires Month / Year
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Cardholder signature required
I authorize my credit card to be charged the total amount listed. If my fees are totaled incorrectly, RSNA will make the necessary adjustments and charge my credit card accordingly.

Terms & Conditions

Privacy is central to excellence in patient care and healthcare delivery. RSNA takes yours very seriously.

By registering for the RSNA Annual Meeting, you understand and accept our privacy policy. Specifically, you understand that your personal data will be processed by RSNA as data controller in the United States for the purposes of registering for the annual meeting. Completing this registration form constitutes the completion of a contract for the event. Note that required fields are necessary to complete the process.

RSNA takes photographs and videos in public areas during the event, and uses your contact information in the context of related annual meeting educational, informational, and marketing activities, based on our legitimate interest in promoting our activities and communicating with you but you may opt-out at any time.

RSNA retains personal data for our business purposes, including compliance with regulations, and for historical and archiving purposes. Please note, we use third-party contractors and vendors based in the United States for credit card transactions and marketing communication. For more information about the RSNA privacy policy, visit [RSNA.org/Privacy-Policy](https://www.rsna.org/Privacy-Policy). If you have any questions, or don't want to appear in our publications, or to exercise any of your rights please contact us at privacy@rsna.org.

Name badges will not be mailed in advance

Attendees must pick up badges and meeting materials at designated registration areas throughout McCormick Place, or at designated hotel locations. A valid photo ID is required.

Your badge is equipped with beacon technology that eliminates the need to verify your attendance, simplifies the CME process and links you to Meeting Central for an enhanced meeting experience. Please Note: Although your badge also allows RSNA to gather data to improve future meetings, we will never share, rent or sell your personally identifiable information. To opt out of this technology, please visit any registration location.

Badge Classification

Badge classification is subject to RSNA approval and category or rate change. Registration categories 15, 18, and 23 require verification in order to be processed. These categories require a business card, a letter from hospital administration stating your role in radiology, a valid RT license or student ID copy. Upload during online registration or email rsnaverify@experient-inc.com. If verification qualifies you for a different registration category, the registration will automatically be reclassified and you will be charged the appropriate fee. Registration is subject to cancellation if verification is not provided within five business days after registration.

Spouse/Family Member Badge

Annual meeting professional registrants* are entitled to one complimentary spouse/family member badge; each additional badge is \$50. This badge is intended for use by a spouse or family member (16 and over) accompanying an annual meeting professional registrant to the meeting. It allows access to Technical Exhibit Halls, Learning Center and classrooms, space permitting, after all professional registrants have been seated. CME credit is not tracked or awarded. A co-worker or industry associate is not eligible for this badge and must register as a professional and pay the applicable registration fee. Spouse/Family member badge is subject to RSNA approval. To uphold professional and educational standards, children under 16 years of age are not permitted in the exhibit halls and will not be issued a badge.

**Excludes Virtual-only and Technical Exhibits-only package registrants.*

Registration Changes and Cancellations

- Name changes are not allowed—new registration and payment is required.
- Badges are non-transferable.
- All registration cancellations must be made in writing to rsna@experient-inc.com by October 26.
- A \$50 administrative charge applies per canceled registration.
- Refund requests received after October 26 will not be accepted.
- The cancellation policy applies to all registration packages, including those processed after October 26.

Hotel Deposit Policy

A deposit equal to the first night's room and tax is required to confirm your hotel reservation. The credit card used must be valid through December 2018 and will be charged by the hotel approximately two weeks before the annual meeting. If the credit card is declined, the reservation may be canceled by the hotel. Attendees may also send a check or money order for the hotel deposit.

Hotel Cancellation Policy

Reservations may be canceled without charge through October 26, 2018, by emailing Experient at rsna@experient-inc.com. Failure to comply will result in forfeiture of the deposit equal to the first night's room and tax. Early departures will result in the loss of the first night's room and tax.

Reservation Changes (Prior to November 8)

You can make changes online at [RSNA.org/hotel-reservations](https://www.rsna.org/hotel-reservations) or you may email rsna@experient-inc.com. Name changes and/or swapping of room reservations is not allowed.

Cancellations and Early Departures

Written requests for room cancellations must reach rsna@experient-inc.com by November 7.

After November 12, contact the hotel directly for date changes and room cancellations. Room availability and rates are at the hotel's discretion.

- Early departures will result in the loss of the first night's room and tax.
- Failure to check in at the hotel on your scheduled arrival day will result in forfeiture of your reservation and hotel deposit. The hotel will accommodate you on a space-available basis.
- When cancelling your room reservation directly with the hotel, document the date and time of your call and the name of the person with whom you spoke. Obtain a cancellation number.

Special Notes

- Suites are available upon request. Contact Experient at 1-800-650-7018 or 1-847-996-5862.
- Attendees may not request hotel reservations through technical exhibitors.
- Rates do not include a 17.4% Chicago hotel tax (subject to change).
- A service fee has been included in your room rate to defray the cost of registration and local transportation.

Registration Packages

Rate valid on or before 10/26. Registrations processed after this date will reflect a \$160 increase for most categories.

Code	Category	Standard	Deluxe	Premium <i>Limited Availability</i>	Virtual Only	Executive <i>Limited Availability</i>	Technical Exhibits Only <i>(Price Per Day)</i>
RSNA Members							
10	Associate Member	\$0	\$160	\$315	\$160	N/A	N/A
11	Active Member	\$0	\$160	\$315	\$160	N/A	N/A
12	Member-in-Training	\$0	\$27	N/A	\$27	N/A	N/A
17	Student Member <i>(CME/CE credit not tracked or awarded)</i>	\$0	\$27	N/A	\$27	N/A	N/A
21	AAPM Member	\$0	\$160	\$315	\$160	N/A	N/A
Non-Members							
14	Non-Member Physician a. radiologist b. radiologic scientist c. non-radiologist physician	\$995	\$1365	\$1525	\$630	N/A	\$340
15	Non-Member Resident/Trainee <i>(Verification required)</i>	\$265	\$630	N/A	\$630	N/A	N/A
18	Non-Member Student <i>(Verification required)</i> <i>(CME/CE credit not tracked or awarded)</i>	\$0	\$630	N/A	\$630	N/A	N/A
22	Non-Member Physicist	\$995	\$1365	\$1525	\$630	N/A	\$340
23	Radiology Support Personnel <i>(Verification required)</i> <i>Individuals directly employed by a hospital, healthcare network, university, or a hospital's free-standing facility administering to patients.</i> a. technologist b. engineer c. radiology business manager d. radiology administrator e. nurse/nurse practitioner f. educator g. architect h. government employee (non-physician) i. information technology/system support j. telemedicine/communications specialist k. facility manager l. assistant (physician/radiologist)	\$265	\$630	\$780	\$630	N/A	N/A
24	Hospital or Facility Executive a. hospital or facility administrator b. legal (in-house counsel) c. officer (CEO, CFO, CIO, COO) d. purchasing e. other senior-level personnel	\$995	\$1365	\$1525	\$630	\$1100	\$340
25	Commercial Research & Development	\$995	\$1365	\$1525	\$630	\$1100	\$340
27	Industry Personnel a. distributor b. manufacturer c. prospective exhibitor d. other	\$995	\$1365	\$1525	\$630	\$1100	\$340
31	Healthcare Consultant a. attorney b. computer analyst c. financial analyst d. purchasing e. staffing/recruitment f. other	\$995	\$1365	\$1525	\$630	\$1100	\$340