

Please type and submit to secure fax number listed below.



Radiological Society of North America
101st Scientific Assembly and Annual Meeting
McCormick Place, Chicago

Non-RSNA Satellite Symposium Form

Deadline: October 30, 2015

Company Information

Company		Booth Number	
Official Contact		Title	
Address			
City	State/Province	ZIP/Postal Code	Country
Telephone	Fax	E-mail Address	

Symposium Information

Title

Proposed Program (250 character limit)

Day/Date	Start Time	End Time	Number of People
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Preferred Facility (McCormick Place Convention Center is not available)

1st Choice

2nd Choice

I have read, understand and agree to the Non-RSNA Satellite Symposium Guidelines. This form will be returned if the box is not checked.

Payment Information

Symposium Type (Please select one):

- NON-CME (\$3,500.00)** **CME (\$7,000.00)**
(in U.S. funds, drawn on a U.S. bank)

Bank Wire Companies may wire payment to:
 JP Morgan Chase Bank, NA ABA Transit Number: 071000013
 10 South Dearborn St. Swift Code: CHASUS33
 Chicago, IL 60603 USA Account Number: 4184254

Any fees associated with the wire transfer are the responsibility of the exhibiting company (approximately \$20 per wire transfer).

Check By sending your check to us, you authorize RSNA to convert the check into an electronic funds transfer. Please be aware that your account may be debited as soon as the same day we receive your payment.

Credit Card VISA, Master Card, American Express, Diners Club and Discover are accepted.

Card Type _____ Exp. Date _____

Card Number _____

Name as it appears on card _____

Authorized Signature _____

For RSNA/Hotel Use Only - Please do not write in this area

Date Received: ____/____/____ Approved: yes no

Authorized By _____ Date _____

Hotel _____

Contact Person _____

Room Assignment _____

Return this form and payment to:

RSNA Meetings Department
820 Jorie Blvd.
Oak Brook, IL 60523-2251

Secured Fax: 1-630-571-2198