



RSNA 3D Printing Special Interest Group (SIG) Affiliate Member

Contact Information (Please print or type)

 Name Date of Birth (Month/Day/Year)

 Company

 Address

 City State Zip Code

 Country

 Email

 Phone

RSNA Charge Authorization Form

Check # _____ Amex Diner's Club Discover Mastercard Visa

Payment by Check:

Checks must be drawn on a U.S. bank in U.S. dollars payable to RSNA. By sending your check to us, you authorize RSNA to convert the check into an electronic funds transfer. Please be aware that your bank account may be debited the same day we receive your payment.

Mail to: **RSNA**
 820 Jorie Blvd.
 Oak Brook, IL 60523-2251
 TEL 1-630-571-2670 | FAX 1-630-571-2198

Payment by Credit Card:

2017 Rate: \$565 _____ / _____
 2018 Rate: \$585 Expiration Date (Month/Year) CVV

Card Number

 Name as it appears on card

X _____

Cardholder Signature *I authorize my credit card to be charged the total amount listed.*

Fax to our secure fax: **1-630-571-2198**