RADIOLOGIAL SOCIETY OF NORTH AMERICA
820 JORIE BLVD, OAK BROOK, IL. USA 60523
TEL 1-630-571-2670 | FAX 1-630-571-2198
RSNA.ORG

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

***Membership to the SIG extends January 1 through December 31 regardless of join date.**

Payment by Credit Card:

○ 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**