



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

Contact Information (Please print or type)

 Name

 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:

\$565 _____ / _____
 Total Amount Expiration Date (Month/Year)

 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**