



RADIOLOGICAL SOCIETY OF NORTH AMERICA
820 JORIE BLVD, SUITE 200 | 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.
Suite 200
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:

☐ 2022 Rate: \$680* _____ / _____
Expiration Date (Month/Year) CVV

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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**