

RSNA 3D PRINTING SPECIAL INTEREST GROUP (SIG) AFFILIATE MEMBER

PLEASE TYPE OR PRINT:

1. Personal Information	:						
First Name		 Middle	Last Name (Family Name)			Generation (Sr	., Jr., II, III, IV)
Academic Degrees to be published			Birthdate (Month/Day/Year)	☐ Male ☐ Female ☐ Non-Binary ☐ Prefer Not to Answer			
Spouse/Life Partner's First N	Name	Middle	Last Name (Family Name)			Prefix (Dr., Mr.	, Mrs., Ms.)
		sian Black or African American Other Prefer Not to					
Address Type	□ Office						
2. Address: (If you indicate the control of the con	cate an office address	s, please provide the institution or	company name and department)			
Institution or Company Name	:/Department						
Address							
City State or Prov		State or Province	ZIP/Postal Code	Country			
3. Contact Information: Email Address			Phone Number				
RSNA Charge Autho	rization Form						
□ 2024 Rate: \$735							
Payment by Check: Checks must be drawn on a U.S authorize RSNA to convert the account may be debited the san	check into an electronic fund	AUTOMATIC MEMBERSHIP ☐ Yes, automatically renew my		payment be	ginning in 202	5	
Mail to: RSNA 820 Jorie Blvd. Suite 200	TEL 1-877-RSNA-MEM FAX 1-630-571-2198 customerservice@rsna.	M Outside of U.S. & Canada 1-630-571-7873 Payment by Credit Card:					
Oak Brook, IL 60523-2251	cuctomor con vicciar cina.	y	☐ Check # ☐ Amex	□ Diner's Club □	□ Discover	☐ Mastercard	d □ Visa
*Membership to the SIG ex	tends January 1 through	December 31 regardless of join date.					
Requests for a membership or subscription refund must be within 30 days of payment date. The member or subscriber forfeits the right to a refund if they have used benefits within the brief activated period.			Total Amount	Expiration D	/_ late (Month/Y	ear) CVV	
			Card Number				
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