

Grab your colleagues, form a corporate team and cross the finish line to help fuel critical research to enable the best care for our patients.

RSNA's 5k Fun Run will take place on Tuesday, November 28 at 6:30 AM along the beautiful shores of Lake Michigan. Whether you run, walk or wheel, enjoy an outing for a good cause. Wear your company's colors and show your support!

Sign up for just \$40 per person. Your donation will benefit the RSNA R&E Foundation and is fully tax-deductible. You'll also get a commemorative T-shirt. All participants must be registered for the RSNA annual meeting before registering for the Fun Run.

1. Contact Information:

Company Name		Contact Name	Contact Name										
Contact Phone	Contact Email												
2. Participant Information:			Shirt Size:										
1.	Email	/	/	. 🗆 Male 🗆 Female	□s	□м		DXL	DXXL				
Participant Name		D.O.B	/										
2. Participant Name	Email	D.O.B	/	_ □Male □Female	□S	ΠM		DXL	DXXL				
3 Participant Name	Email	/ D.O.B	/	MaleFemale	□S	□М	ΠL	□XL	□XXL				
4		D.0.В /	/	. □Male □Female					□XXL				
4 Participant Name	Email	D.0.B	,										
5 Participant Name	Email	/	/	. □Male □Female	□S	□М	ΠL	□XL	DXXL				
6		/	/		□S	ШM		□XL	□XXL				
Participant Name	Email	D.O.B											
7 Participant Name	Email	/ D.O.B	/	. □Male □Female	□S	□М	ΠL	□XL	□XXL				
8		/	/	MaleFemale	□S	ΠM		□XL	□XXL				
Participant Name	Email	D.O.B											
9. Participant Name	Email	/ D.O.B	/	. □Male □Female	□S	ШΜ	ΠL	ΩXL	DXXL				
10		/	/	MaleFemale	□S	ΠM		□XL	DXXL				
Participant Name	Email	D.O.B											

Credit Card Payment:

All charges in USD, currency exchange fees may apply.

 \Box AMEX $\ \Box$ Diner's Club $\ \Box$ Discover $\ \Box$ Mastercard $\ \Box$ Visa

Total Amount					-	Expiration Date (Month/Year)									
Card	d Num	ber													

Name as it appears on card

Cardholder Signature I authorize my credit card to be charged the total amount listed. If my fees are totaled incorrectly, RSNA will make the necessary adjustments and charge my credit card accordingly

Return Your Team Registration To:

RSNA Exhibitor Registration/Experient FAX: 1-847-996-5401

Questions? rsnaexh@experient-inc.com

PLEASE USE MULTIPLE FORMS FOR LARGER TEAM REGISTRATION

