

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 27 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 Phone _____

Contact Email _____

2. Participant Information:

3. Shirt Size:

1.	Participant Name _____	Registrant ID _____	Email _____	<input type="checkbox"/> M	<input type="checkbox"/> F	/ /	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL
						D.O.B					
2.	Participant Name _____	Registrant ID _____	Email _____	<input type="checkbox"/> M	<input type="checkbox"/> F	/ /	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL
						D.O.B					
3.	Participant Name _____	Registrant ID _____	Email _____	<input type="checkbox"/> M	<input type="checkbox"/> F	/ /	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL
						D.O.B					
4.	Participant Name _____	Registrant ID _____	Email _____	<input type="checkbox"/> M	<input type="checkbox"/> F	/ /	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL
						D.O.B					
5.	Participant Name _____	Registrant ID _____	Email _____	<input type="checkbox"/> M	<input type="checkbox"/> F	/ /	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL
						D.O.B					
6.	Participant Name _____	Registrant ID _____	Email _____	<input type="checkbox"/> M	<input type="checkbox"/> F	/ /	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL
						D.O.B					
7.	Participant Name _____	Registrant ID _____	Email _____	<input type="checkbox"/> M	<input type="checkbox"/> F	/ /	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL
						D.O.B					
8.	Participant Name _____	Registrant ID _____	Email _____	<input type="checkbox"/> M	<input type="checkbox"/> F	/ /	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL
						D.O.B					
9.	Participant Name _____	Registrant ID _____	Email _____	<input type="checkbox"/> M	<input type="checkbox"/> F	/ /	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL
						D.O.B					
10.	Participant Name _____	Registrant ID _____	Email _____	<input type="checkbox"/> M	<input type="checkbox"/> F	/ /	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL
						D.O.B					

4. Credit Card Payment:

All charges in USD, currency exchange fees may apply.

AMEX Diner's Club Discover Mastercard Visa

Total Amount _____ Expiration Date (Month/Year) _____

Card Number _____

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

