

# Meeting Registration Form

Advance Deadline: April 27, 2018

Register online at [AUR.org](http://AUR.org)

Cancellations must be received in writing by April 27 to [AUR@rsna.org](mailto:AUR@rsna.org).  
A \$50 administrative fee will be charged per registration form refunded.  
No refunds will be issued after April 27.

## STEP 1: Contact Information

This is my first AUR Meeting

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Degree(s) \_\_\_\_\_

Name as it should appear on badge (if different from above) \_\_\_\_\_ Institution \_\_\_\_\_

Street Address \_\_\_\_\_ Select One:  Home Address  Work Address

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Information (Name & phone number of a person not attending the meeting with you) \_\_\_\_\_

Guest Badge Name(s): First & Last

*A guest badge is intended for use by a spouse or family member accompanying a full conference professional registrant to the meeting. No guest badges will be issued for any other purpose. CME credit is not tracked or awarded for guests.*

Please check here if under the Americans with Disabilities Act you require accommodation/services in order to attend. You will be contacted by AUR.

## STEP 2: Registration Category/Fee

AUR member registration overrides other member registration categories and fees. Registration classification is subject to AUR approval and rate change. Onsite full-conference registration fees are \$50 higher than advance registration fees.

- |   |   |
|---|---|
| <input type="checkbox"/> AUR Member \$545   | <input type="checkbox"/> Non-Member Resident/Trainee* \$545                               |
| <i>Are you a Chief Resident?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Are you a Chief Resident?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> AUR Medical Student Member \$335                                 | <input type="checkbox"/> SCARD Member \$700   |
| <input type="checkbox"/> APDR Member \$700  | <input type="checkbox"/> Non-Member \$830   |
| <input type="checkbox"/> APCR Member \$545  | <input type="checkbox"/> Non-Member Medical Student* \$335                                |

\* Verification required: Non-Member Residents and Medical Students must provide proof of status. A verification letter from your institution or a student ID must accompany this form.

## STEP 3: Event Selections

- |   |                                  |           |
|---|----------------------------------|-----------|
| <input type="checkbox"/> Welcome Reception – AUR Registrant         | Monday, May 7 6:30 PM–8:30 PM    | No Charge |
| <input type="checkbox"/> Welcome Reception – Guest(s)               | # of Guests: _____               | No Charge |
| <input type="checkbox"/> Banquet & Awards Ceremony – AUR Registrant | Thursday, May 10 6:00 PM–9:00 PM | No Charge |
| <input type="checkbox"/> Banquet & Awards Ceremony – Guest(s)       | # of Guests: _____ @ \$75 each   | \$ _____  |

## STEP 4: Payment Information

Registration Fee (Step 2) \$ \_\_\_\_\_  Check # \_\_\_\_\_ (Payable to AUR in U.S. funds drawn on a U.S. bank)\*\*

Event Fee (Step 3) \$ \_\_\_\_\_  MasterCard  VISA

TOTAL FEES \$ \_\_\_\_\_ Card Number \_\_\_\_\_ Expiration Month/Year \_\_\_\_\_ CVV \_\_\_\_\_

Cardholder Signature Required

\*\*By sending your check to us, you authorize AUR to convert the check into an electronic funds transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment.

Photographs will be taken throughout the AUR Meeting. By registering, you acknowledge the possibility of being photographed and give AUR consent to use your image for marketing or promotional purposes.

**Online**  
[AUR.org](http://AUR.org)

**Secure Fax**  
1-630-571-2198

**Mail**  
820 Jorie Blvd., Oak Brook, IL 60523

**Questions**  
1-630-368-3730 or [AUR@rsna.org](mailto:AUR@rsna.org)