

**Meeting Registration Form**  
**Advance Deadline: March 2, 2012**

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

**STEP 1: Contact Information**

Cancellations must be received in writing by March 2<sup>nd</sup>.  
 A \$50.00 administrative fee will be charged per registration form refunded.  
 No refunds will be issued after March 2<sup>nd</sup>.

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 \_\_\_\_\_ Fax \_\_\_\_\_

Guest Badge Name(s): First & Last \_\_\_\_\_

Emergency Contact Information (Name & Telephone Number of a person not attending the meeting with you)

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 fee change. Onsite full-conference registration fees are \$50 higher than advance registration fees.

<input type="checkbox"/> AUR Member	\$410	<input type="checkbox"/> Resident Non-Member*	\$410
<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 Student Member	\$240	<input type="checkbox"/> SCARD Member	\$540
<input type="checkbox"/> APDR Member	\$540	<input type="checkbox"/> Non-Member	\$650
<input type="checkbox"/> APCR Member	\$410	<input type="checkbox"/> Non-Member Medical Student*	\$240

**STEP 3: Program Selections**

<input type="checkbox"/> Medical Education Research Certification (MERC) Workshop	Monday, March 19	7:30am – 12:00pm	No Charge
<input type="checkbox"/> Luncheon: AUR Awards Ceremony	Tuesday, March 20	12:00pm – 1:00pm	No Charge
<input type="checkbox"/> Luncheon: AUR Business Meeting	Wednesday, March 21	12:00pm – 1:00pm	No Charge

**STEP 4: Event Selections**

<input type="checkbox"/> Welcome Reception – AUR Registrant	Tuesday, March 20	6:30pm – 8:30pm	No Charge
<input type="checkbox"/> Welcome Reception – Guest(s)	_____# of Guests		No Charge
<input type="checkbox"/> Annual Banquet & Awards Ceremony – AUR Registrant	Thursday, March 22	7:30pm – 11:00pm	No Charge
<input type="checkbox"/> Annual Banquet & Awards Ceremony – Guest(s) @ \$75 each	_____# of Guests		\$ _____

**STEP 5: Needs Assessment**

What do you identify as your greatest professional risk(s)? \_\_\_\_\_

**STEP 6: Payment Information**

Registration Fee (Step 2) \$ \_\_\_\_\_  Check # \_\_\_\_\_  MasterCard  Visa

Event Fee (Step 4) \$ \_\_\_\_\_

(payable to AUR in U.S. funds drawn on a U.S. bank\*\*)

**TOTAL FEES** \$ \_\_\_\_\_

\_\_\_\_\_ Card Number \_\_\_\_\_ Expiration Month/Year \_\_\_\_\_

\_\_\_\_\_ Cardholder Signature Required

\* 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.

\*\*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.

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

**Fax**  
 1-630-571-7837

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

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