



Contact Information

SNMMI and/or ACNM Member #: _____ First Name: _____ Last Name: _____

Degree(s): _____ Title: _____

Organization: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Email Address (required): _____ Phone (please include country code): _____

Registration Rates

Registration Type	Early-Bird Registration Rates <i>(on/before December 7, 2017)</i>		Regular Registration Rates <i>(after December 7, 2017)</i>	
	Member	Nonmember	Member	Nonmember
Physician/Scientist/Industry	<input type="checkbox"/> \$445	<input type="checkbox"/> \$605	<input type="checkbox"/> \$495	<input type="checkbox"/> \$665
Technologist	<input type="checkbox"/> \$190	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	<input type="checkbox"/> \$290
Laboratory Professional*	<input type="checkbox"/> \$220	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$330
Emeritus Member	<input type="checkbox"/> \$215		<input type="checkbox"/> \$230	
Resident/Scientist In-Training/Student**	<input type="checkbox"/> \$130	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160	<input type="checkbox"/> \$185
Technologist Student**	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100
Events				
ACNM Awards Ceremony and Banquet (Friday, January 26)	<input type="checkbox"/> Standard ____ x \$150 = \$ _____; Residents ____ x \$60 = \$ _____			

*Laboratory Professionals must provide written verification. Please download a verification form from the Meeting website.
 ** Residents and Students (Intern, Scientist In-Training, Medical/Graduate /Technologist Student) must provide verification on official letterhead signed by Program Director, or Advisor.

Need auxiliary aids or services as identified in the Americans with Disabilities Act? Call 703.652.6789

Payment Information *(Full payment is needed to process your registration.)*

Grand Total: _____

- Check – Please make check payable to SNMMI *(in U.S. Dollars)*
- American Express MasterCard VISA

Last 4 Digits of Credit Card: _____ Expiration Date: _____

(please add full credit card # at the bottom of this page)

Name as it appears on Card: _____

Cardholder Signature: _____ Today's Date: _____

3 Ways to Register

Online:
www.snmmi.org/mwm2017

Fax:
 703.709.9274

Mail:
 SNMMI Meeting Services
 1850 Samuel Morse Drive
 Reston, VA 20190-5316

Registration Questions?
 Call 703.652.6789

Registration Cancellation/Change Policy: Written cancellations received by midnight EST, Thursday, December 7, 2017 are refundable less a \$50 processing fee. Cancellations made by mail must be postmarked by December 7, 2017. After December 7, 2017 cancellations will not be refunded and are subject to the entire meeting fee. Please note that if you do not cancel and you do not attend the meeting, refunds will not be processed. Substitutions may be made at any time. SNMMI will not be held liable for cancellation fees to hotels, airlines or other means of transportation. **Phone cancellations are not accepted.** Send written cancellation or substitution to: meetinginfo@snmmi.org

Please enter full credit card number: _____