



Contact Information

Member #: _____ NPI Number (10 digits, required for all US physicians): _____

Date of Birth: _____ Check here if this is your first SNMMI Annual Meeting

First Name: _____ Last Name: _____ Degree: _____

Chapter (if applicable): _____ Title: _____

Organization: _____ Mailing Address: _____

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

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

Early-Bird Registration Rates (on or before April 19, 2018) Please select one:

Registration Type	Regular Meeting Registration† (Saturday – Tuesday)		Weekend Rates† (WE) – Saturday & Sunday	
	Member	Nonmember	Member	Nonmember
Physician	<input type="checkbox"/> \$665	<input type="checkbox"/> \$1,145	<input type="checkbox"/> \$435	<input type="checkbox"/> \$715
Scientist	<input type="checkbox"/> \$665	<input type="checkbox"/> \$1,145	<input type="checkbox"/> \$435	<input type="checkbox"/> \$715
Industry	<input type="checkbox"/> \$665	<input type="checkbox"/> \$1,145	<input type="checkbox"/> \$435	<input type="checkbox"/> \$715
Technologist	<input type="checkbox"/> \$390	<input type="checkbox"/> \$655	<input type="checkbox"/> \$275	<input type="checkbox"/> \$400
Laboratory Professional*	<input type="checkbox"/> \$420	<input type="checkbox"/> \$685	<input type="checkbox"/> \$345	<input type="checkbox"/> \$570
Emeritus – Physician/Scientist	<input type="checkbox"/> \$315		n/a	
Emeritus – Technologist	<input type="checkbox"/> \$195		n/a	
Resident and Student**	<input type="checkbox"/> \$205	<input type="checkbox"/> \$330	<input type="checkbox"/> \$120	<input type="checkbox"/> \$195
Technologist Student**	<input type="checkbox"/> No Charge	<input type="checkbox"/> \$75	<input type="checkbox"/> No charge	<input type="checkbox"/> \$50
Companion/Guest (16 yrs or older)	<input type="checkbox"/> \$50		<input type="checkbox"/> \$50	

Non-member attendees will automatically become members of SNMMI for a complimentary one year period. You may opt-out by checking the box.

Opt-Out of this offer.

Offer valid for those that have not been members within the past year.

*Laboratory Professionals must provide written verification. Please download a verification form on www.snmmi.org/am2018.
 **Residents and Students (Intern, Scientist In-Training, Medical/Graduate /Technologist Student) must provide written verification on official letterhead signed by Program Director, or Advisor. Technologist Student Fee does not include CE credit. Technologist Students wishing to claim CE must register as a Technologist.
 †Regular Registration does not include categoricals or specialty workshops. These events require an additional fee. **Weekend registration includes a categorical course with the exception of technologists/technologist students who will receive additional CE course credit beginning Saturday morning, in place of the eliminated tech categorical.**

**Residents/Students/Technologist Students please provide your anticipated graduation date: _____

Additional Options

A. Pre-Meeting Categorical Seminars* – Saturday, June 23 (Requires an additional fee unless you are a weekend attendee)

Physician/Scientist Categorical Seminars	Member	Nonmember
(CAT1) Radioiodine Theragnostics: Continuing the Update of the Controversies of the Management of Differentiated Thyroid Cancer	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
(CAT2) Molecular Imaging of Inflammation and Infection: Focusing on the Future	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
(CAT3) PSMA Radioligand Therapy (PRLT) of End-Stage Prostate Cancer Patients Selected by PSMA PET/CT. The Power of Precision Oncology	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
(CAT4) Radiomics and Machine Learning Methods and Applications in Radiology and Nuclear Medicine	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
(CAT5) Cased Based Review of Advanced Cardiovascular Imaging	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
(CAT6) Clinical Relevance of Molecular Neuroimaging	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
(CAT7) PET/CT and PET/MR for Adults and Children: Fundamental and Evolving Practices	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
(CAT8) Primer on Radionuclide Dosimetry - Update	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200

*Members who are also members of a Council or Center will receive a \$20 discount when registering online for a Physician/Scientist Categorical.

B. SNMMI Virtual Meeting (requires an additional fee)

Get access to more than 100 of the most popular sessions from the SNMMI 2018 Annual Meeting—Online and on USB.

	Price	
FULL VIRTUAL PACKAGE – SNMMI Virtual Meeting Online Access and USB, plus Virtual Poster Hall Access	<input type="checkbox"/> \$368	(\$538 post-meeting) \$170 savings!
SNMMI Virtual Meeting Online Access AND USB (VMOD)	<input type="checkbox"/> \$319	(\$439 post-meeting)
SNMMI Virtual Meeting Online Access Only (VMOO)	<input type="checkbox"/> \$219	(\$339 post-meeting)
SNMMI Virtual Meeting Online Access, plus Virtual Poster Hall Access	<input type="checkbox"/> \$268	(\$438 post-meeting)

C. Specialty Workshops (requires an additional fee)

	Member	Nonmember
Nuclear Medicine Review Course (Sat/Sun) (SW01)	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
Student Technologist Registry Review & Mock Exam (Sat/Sun) (SW02)	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50

D. Additional Meeting Enhancements (requires an additional fee)

	Cost
Official 2018 Annual Meeting T-shirt. Please select size selected & quantity: Small __, Medium __, Large __, XL __ 2 XL __	<input type="checkbox"/> \$15
Hot Trot 5K Run/Walk: Please complete for proper slotting of race categories: Date of birth/Age _____ T-shirt size __	<input type="checkbox"/> \$25



SNMMI ANNUAL MEETING

June 23 - 26, 2018 > Philadelphia, PA

SNMMI Annual Meeting 2018 Early-Bird Form | Member #: _____ First Name: _____ Last Name: _____

Demographic Questions *(Please complete the following questions)*

A. Select Your Certification CE Credit Type:

- VOICE (Technologist)
- AMA PRA (Physician)
- ACPE (Pharmacist)
- CAMPEP (Physicist)
- NONE

B. Select Your Primary Specialty Area:

- Biochemistry
- Cardiology
- Computer Science
- Dosimetry/Radiobiology
- Health Physics
- Infectious Disease
- Instrumentation
- Internal Medicine
- Medical Devices
- Medical Physics
- Molecular Imaging
- Molecular Probe & Contrast Agent Development
- Nanomedicine
- Neurology
- Nuclear Medicine
- Oncology
- Optical Imaging
- Pediatrics
- Pharmacology
- Preclinical Research
- Radiation Therapy
- Radiochemistry
- Radioimmunoassay
- Radiology
- Radionuclide Therapy
- Radiopharmacy
- Other

C. Select Your Primary Place of Work:

- Academic Institution
- Departmental Library
- Facility
- Free Standing Imaging
- Government Laboratory
- Industry
- Institutional Library
- Medical Center/Hospital
- Military Clinic/Hospital
- Mobile Unit
- Molecular Imaging Laboratory
- Other _____

D. Select the Technologies You Use at your Job *(please check all that apply)*:

- 3-D Imaging
- CT
- Computer Aided Diagnosis
- DICOM
- Digital X-Ray
- Fluoroscopy
- Hematology
- MRI
- MRS
- Mammography
- Optical
- PACS/Teleradiology
- PET
- PET/CT
- Radiology Information Systems (RIS)
- Small Animal Imaging
- SPECT
- SPECT/CT
- Ultrasound/Sonography
- X-Ray
- Other _____

E. Would you like to receive a printed copy of the Final Program Book onsite? Yes No *(The Annual Meeting Mobile App will contain the same information as the final printed program book)*

F. Select years of experience in the field.

- Less than 5 years
- 5-10 years
- 11-20 years
- more than 20 years

G. I choose not to receive communications from Annual Meeting Exhibiting companies:

- opt out of email communications
- opt out of postal communications

Payment Information *(Full payment is needed in order to process your registration for the Annual Meeting)*

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 # below)

Name as it appears on Card: _____

Cardholder Signature: _____ Today's Date: _____

Individuals needing auxiliary aids or services as identified in the Americans with Disabilities Act, call 703.652.6789

4 Ways to Register

Online:
www.snmmi.org/am2018

Phone:
800.310.7554 (US/Canada)
240.439.2554 (International)

Fax: 301.694.5124

Mail:
Experient Registration Center
Experient, Inc.
5202 Presidents Court
Suite G100
Frederick, MD 21703

Registration Cancellation/Change Policy: Cancellation and change request must be received by May 11, 2018 to qualify for a refund less a \$75.00 cancellation fee. No refunds will be issued for cancellation and changes received after May 11, 2018. Refunds will be processed based on the original form of payment within 30 days after the completion of the meeting. No shows will be charged the full registration fee. No refunds will be given for any reason after June 29, 2018.

Please Enter Full Credit Card Number: _____