

SIIM 2008 Annual Meeting Registration Form
Seattle, Washington
◆ May 15-18, 2008 ◆

SIIM Imaging Informatics
Professional Symposium
◆ May 14, 2008 ◆

First Name: _____ Middle/Initial: _____ Last Name: _____
 Degree : _____ Title: _____
 Department: _____
 Institution: _____
 Mailing Address: _____
 City: _____ State/Prov: _____ Zip: _____
 Country (if not US): _____
 Phone Number: _____ Fax Number: _____
 E-Mail Address: _____

SIIM Annual Meeting Registration Rates Thursday, May 15, 2008 – Sunday, May 18, 2008	Early Bird Until 4/11/08	After 4/11/08 and On Site	Enter Amount
<input type="checkbox"/> SIIM Member Rate	\$445	\$495	_____
<input type="checkbox"/> SIIM Resident/Student Member Rate Letter from Program Director confirming Residency/Full-Time Student Status Required	\$0	\$0	_____
<input type="checkbox"/> Non-Member Rate	\$545	\$595	_____
<input type="checkbox"/> New SIIM Applicant* Rate * Includes 1 st Year SIIM Membership	\$595	\$645	_____
<input type="checkbox"/> New SIIM Resident/Student Applicant* Rate * Includes 1 st Year SIIM Membership Letter from Program Director confirming Residency/Full-Time Student Status Required	\$100	\$100	_____
<input type="checkbox"/> Daily (per day—check day(s) below)			
<input type="checkbox"/> Thursday, May 15 th	\$200	\$250	_____
<input type="checkbox"/> Friday, May 16 th	\$200	\$250	_____
<input type="checkbox"/> Saturday, May 17 th	\$200	\$250	_____
<input type="checkbox"/> Sunday, May 18 th	\$200	\$250	_____
<hr/>			
<input type="checkbox"/> SIIM Imaging Informatics Professional Symposium Wednesday, May 14 th	\$250	\$250	_____
<hr/>			
<input type="checkbox"/> Guest/Companion Name for Badge _____	\$50	\$50	_____
<hr/>			
SIIM Individual Membership Renewal			
<input type="checkbox"/> US/Canadian Member	\$150	\$150	_____
<input type="checkbox"/> International Member	\$200	\$200	_____
<input type="checkbox"/> Emeritus Member	\$100	\$100	_____
<input type="checkbox"/> Resident/Medical Student (USA & Canada only) Letter from Program Director confirming Residency/Full-Time Student Status Required	\$100	\$100	_____
<hr/>			
TOTAL AMOUNT ENCLOSED			\$ _____

Payment:

Check enclosed in U.S. Dollars to: SIIM 2008
 Credit Card: VISA MasterCard AMEX Discover
 Credit Card Number: _____ Expiration date (MM/YY): ____/____
 Security Code (3 or 4 Digits): _____ Zip code of credit card billing address (US only): _____
 Authorizing Signature: _____

Cancellation/Refund Policy

All cancellations and requests for refunds must be in writing and received no later than **April 21, 2008**. Refunds are subject to an \$80 administrative fee. **No refunds will be issued after April 21, 2008.**

Request for Continuing Education Credit

- Physicians – Category I Credits for CME are offered to physicians.
- Technologists – Category A Credits for CE offered to radiologic technologists.
- Physicist – Medical Physics Continuing Education Credit (MPCEC) offered to medical physicists.
- No CME requested

Learning Labs

The following learning labs require advance registration. There is no additional fee, but space is limited. Registration is required to attend.

	Thursday, May 15 th	Friday, May 16 th	Saturday, May 17 th	Sunday, May 18 th
Wikis & Nagios	Session WN-1 10:15 am – 11:45 am	Session WN-2 10:15 am – 11:45 am	Session WN-3 10:15 am – 11:45 am	Session WN-4 7:00 am – 8:00 am
XIP	Session XIP-1 1:15 pm – 2:45 pm	Session XIP-2 1:15 pm – 2:45 pm	Session XIP-3 1:45 pm – 3:15 pm	Session XIP-4 7:00 am – 8:00 am
DVTK	Session DVTK-1 3:30 pm – 5:00 pm	Session DVTK-2 3:30 pm – 5:00 pm	Session DVTK-3 3:30 pm – 5:00 pm	
DICOM Calibration		Session DICOM-1 8:00 am – 9:30 am	Session DICOM-2 8:00 am – 9:30 am	

Indicate choice by writing the session letter and number, i.e. Session WN-1 or DICOM-2.

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Attendee Profile

Occupation (please select only ONE category–best match)
(Occupation must be indicated to process meeting registration.)

- Physician
- Medical Physicist
- Technologist
- C-level Administrator (CEO, CFO, CIO, CMO, CMIO)
- Healthcare Administrator
- PACS Administrator (Imaging Informatics Professional)
- Health Information Professional
- Scientist/Researcher
- Computer Scientist
- Engineer
- Educator
- Vendor/Consultant
- Resident/Student

Meeting Groups (please check ALL that apply)

- IRISS Member
- FUSUN Member
- DIAMOND Member
- SIIM 2008 Scientific Presenter
- SIIM 2008 Invited Speaker/Faculty
- IIP Symposium Speaker

How did you learn of the SIIM 2008 meeting? (select ONE–best match)

- Colleagues
- Direct Mail
- SIIM News
- SIIM eNewsletter (email)
- Journal of Digital Imaging (JDI)
- SIIM Website
- Internet Link (please specify) _____
- Other Publication (please specify) _____

Primary Occupational Setting (please select ONE category–best match)

- University Hospital
- Military, VA or Govt Hospital
- Community Hospital
- Imaging Center, Office or Clinic
- Corporate
- University/College (non-hospital)
- Government (non-hospital)

Interests (select all that apply)

- PACS Administration
- PACS Implementation
- Connectivity, IT Infrastructure
- Workflow/Productivity
- Image Processing
- Image Compression
- Archive Integrity/Security
- Teleradiology/Image Distribution
- QA for Electronic Images
- Reading Room/Speech Recognition
- Computer-Aided Diagnosis
- Computed Radiography
- Direct Digital Radiology
- TRIP™
- Other Interest _____

Medical Specialty (select ONE category–best match)

- Radiology
- Cardiology
- Nuclear Medicine
- Oncology
- Information Systems
- Other _____

Americans With Disabilities Act

Do you need auxiliary aids or services as identified in the Americans with Disabilities Act Yes No

Early-Bird Registration Deadline: April 11, 2008

Three Easy Ways to Register

Internet:
www.siim2008.org (Credit Card Only)

Mail:
SIIM 2008 Meeting Registration
19440 Golf Vista Plaza, Suite 330
Leesburg, VA 20176

Fax:
703-723-0415 (Credit Card Only)

Allow up to 3 weeks for receipt of your registration confirmation letter. Keep a copy of this form for your records.