

Register online at:

Pre-Registration Form

NCSRT, INC.

Register online at:

[www.ncsrt.org](http://www.ncsrt.org)

**Annual Conference**

\* **October 6 – 8, 2010**

[www.ncsrt.org](http://www.ncsrt.org)

**Embassy Suites \* Concord, NC \* 5400 John Q Hammons Drive \* Concord, NC \* 28027**

**(Reservation group code is SRT) 1-704-455-8200**

**ONE CLASS HOUR = 1 CEU**

Name \_\_\_\_\_ NCSRT Membership # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Day Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

A.R.R.T. Registered: R.T. \_\_\_\_\_ *Indicate Registry* (R) (N) (T) (S) (MR) (M) (CT) (QM) (BD)  
*(circle all that apply)* (CI) (VI) (CV) (VS) (Breast Sono) (QM) (RRA)

Other: \_\_\_\_\_ C.N.M.T. \_\_\_\_\_ R.D.M.S. \_\_\_\_\_ R.N. \_\_\_\_\_ RCIS \_\_\_\_\_

Student \_\_\_\_\_ Other (specify) \_\_\_\_\_ None \_\_\_\_\_

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**\*\*LIMITED SEATING \*\* Please pre-register early \*\* FAX 336-617-7618 \*\***

**PRE-REGISTRATION FEES PER DAY:**

SINGLE DAY \*CURRENT MEMBER \$110.00

\*NON MEMBER \$220.00

SINGLE DAY \*STUDENT MEMBER \$ 55.00

\*STUDENT NON MEMBER \$110.00

*On-site registration is \$25.00 in addition to pre-registration rate.*

**Pre-Registration Deadline is Monday, September 27, 2010.**

**REGISTRATION FEE INCLUDES LUNCH AND BREAKS**

please check if you are a student and will be taking the Student Mock Exam Thursday morning (no extra charge to take exam, included in registration fee, info needed for exam printing)

**PLEASE CHECK IF FIRST TIME ATTENDING**  
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**\*Non-members may qualify for member registration rates if MEMBERSHIP APPLICATION and SEPARATE CHECK accompany this registration form. OUT OF STATE TECHNOLOGISTS MAY REGISTER UNDER THE STATUS OF THEIR STATE IF PROOF OF STATUS IS PROVIDED. CREDENTIALS WILL BE CHECKED. PROOF OF MEMBERSHIP IS REQUIRED AT THE MEETING REGISTRATION IF YOU DO NOT PRE-REGISTER. CEC/ECE CREDITS WILL BE AVAILABLE.**

I will be attending **Wednesday, October 6, 2010** from 5:00 p.m. to 6:00 p.m. Student Bowl (no additional cost or CE Credit) and/ or

I will be attending on **Thursday, October 7, 2010** and/ or

I will be attending on **Friday, October 8, 2010**  
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**PLEASE MAKE CHECKS PAYABLE TO:**

NCSRT, INC. Annual Conference, PO Box 38, Jamestown, NC 27282

Credit Card Information:

Visa

Master Card

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV 2 number \_\_\_\_\_

Signature and billing address required if different from applicant. \_\_\_\_\_

**NCSRT REFUND/CANCELLATION POLICY**

**The NCSRT, Inc. will refund 60% of payment received for any one day seminar or for the Annual Conference. Handling fee is 40%. Refund requests must be made in writing and post marked or emailed prior to any Published deadline date. Should a meeting be cancelled for any reason, the NCSRT, Inc. will refund the Full amount of meeting registration.**