

52nd New England Chapter Spring Symposium
Society of Nuclear Medicine & Molecular Imaging

Technologist - Registration Form (PLEASE PRINT)

Name _____
(Include Degree/Certification)

Mailing Address _____

City/ State/Zip _____

Daytime Telephone () _____

SNMMI Member Number _____ Email _____
(Needed for registration)

Please Check Appropriate Box

Pre-Registration Fees by 4/12/22	One Day	Two Day
	<i>Circle One</i>	
Technologist, SNMMI Member	<u>Fri or Sat</u> \$150	_____ \$200
Technologist, Non SNMMI Member	<u>Fri or Sat</u> \$245	_____ \$300

All fees include handouts, coffee breaks, vendor reception, continental breakfast and boxed lunch on Friday and Saturday.

____ If you have a disability, requiring special accommodations or **food allergies**, please check here and advise us of your needs at least two weeks in advance of the program.

Sorry, but there will be a \$25 Administrative Fee for cancellations.

Cash or Check or Credit Cards

You can also register on-line @ <http://www.nects.org>

Please make checks payable to- **New England Chapter, SNMMI** and mail to:

Kathleen M. Krisak
22 Hadley Village Road
South Hadley, MA 01075

Any questions please check our web page at www.nects.org or contact Kathleen Krisak krisakkk@comcast.net