

53rd 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 3/10/23

Technologist, SNMMI Member _____ \$40

Technologist, Non SNMMI Member _____ \$80

____ 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 Leo Nalivaika - leonas.nalivaika@regiscollege.edu