

SCAR 2004 Annual Meeting Registration Form
May 20-23, 2004 ♦ Vancouver, BC Canada

SCAR PACS Administration Course
May 19, 2004 ♦ Vancouver, BC Canada

First Name: _____ Middle Name: _____
 Last Name: _____ Degree: _____
 Title: _____ Department: _____
 Institution: _____
 Mailing Address: _____
 City: _____ State/Prov: _____ Zip: _____
 Country (if not US): _____
 Phone Number: _____ Fax Number: _____
 E-Mail Address: _____
 My Spouse/Companion will attend. Name for Badge: _____

Request for CME Credit

Please check the type of credit you wish to receive:

- Physicians – Category I Credits for CME are offered to physicians.
- Canadian Physicians – CAR Section 1 Credits
- Technologists – Category A Credits for CME offered to radiologic technologists.
- Physicists – MEPS credits for CME are offered to medical physicists.
- No CME requested

Cancellation/Refund Policy

All cancellations and requests for refunds must be in writing and received no later than **April 30, 2004**. Refunds are subject to an \$80 administrative fee. **No refunds will be issued after April 30, 2004.**

Payment:

Check enclosed in U.S. Dollars to: SCAR 2004
 Credit Card: VISA MasterCard AMEX Discover
 Credit Card Number _____ Credit card expiration date (MM/YY) ____/____
 Zip code of credit card billing address (US only): _____ Authorizing Signature: _____

SCAR Annual Meeting Registration Rates Thursday, May 20 – Sunday, May 23, 2004	Early Bird Until 4/9/04	After 4/9/04 and On Site	Enter Amount
<input type="checkbox"/> SCAR Member Rate	\$445	\$495	_____
<input type="checkbox"/> SCAR Resident/Medical Student Member Rate	\$0	\$0	_____
Letter from Program Director confirming Residency/Full-Time Medical Student Status Required			
<input type="checkbox"/> Non-Member Rate	\$545	\$595	_____
<input type="checkbox"/> New SCAR Applicant* Rate	\$570	\$620	_____
* Includes 1 st Year SCAR Membership			
<input type="checkbox"/> New SCAR Resident/Medical Student Applicant* Rate	\$100	\$100	_____
* Includes 1 st Year SCAR Membership			
Letter from Program Director confirming Residency/Full-Time Medical Student Status Required			
<input type="checkbox"/> Daily (per day—check day(s) below)			
<input type="checkbox"/> Thursday, May 20	\$200	\$250	_____
<input type="checkbox"/> Friday, May 21	\$200	\$250	_____
<input type="checkbox"/> Saturday, May 22	\$200	\$250	_____
<input type="checkbox"/> Sunday, May 23	\$200	\$250	_____
<input type="checkbox"/> SCAR PACS Admin Course, Wednesday, May 19	\$200	\$200	_____
SCAR Individual Membership Renewal			
<input type="checkbox"/> Domestic (USA)	\$125	\$125	_____
<input type="checkbox"/> International (including Canada)	\$200	\$200	_____
<input type="checkbox"/> Emeritus	\$100	\$100	_____
<input type="checkbox"/> Medical Student/Resident (USA & Canada only)	\$100	\$100	_____
Letter from Program Director confirming Residency/Full-Time Medical Student Status Required			

TOTAL AMOUNT ENCLOSED \$ _____

Attendee Profile

Occupation (please select ONE category–best match)

- Physician
- Healthcare Administrator (CIOs, CEOs, CFOs)
- Computer Scientist
- Engineer
- Health Information Technology Professional
- Scientist/Researcher
- Medical Physicist
- PACS Administrator
- Technologist
- Vendor
- Consultant
- Other _____

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

- University Hospital
- Government or VA Hospital
- Community Hospital
- Private Practice (office, clinic or imaging center)
- Corporate
- Government (non-hospital)
- Resident/Medical Student
- Other _____

Medical Specialty

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

Meeting Groups (please check ALL that apply)

- IRISS Member
- APUG Member
- FUSUN Member
- SCAR 2004 Scientific Presenter
- SCAR 2004 SCAR U Faculty
- SCAR 2004 Invited Speaker

How did you learn of the SCAR 2004 meeting?

- Colleagues
- Direct Mail
- SCAR News
- Journal of Digital Imaging*
- SCAR Website
- Internet Link (please specify) _____
- Diagnostic Imaging
- Other Publication (please specify) _____

Hospital Tour Registration

The following tours require advance registration. **There is no additional fee, but space is limited.** You may pre-register for **two** tours at Vancouver General Hospital (VGH), St. Paul's Hospital (SPH), Mount Saint Joseph Hospital (MSJ) and Royal Columbian Hospital (RCH).

	Tour 1 Vancouver General Hospital	Tour 2 St. Paul's Hospital	Tour 3 Mount Saint Joseph Hospital	Tour 4 Royal Columbian Hospital
Friday, May 21				
1:30 PM		Tour 2A–SPH	Tour 3A–MSJ	Tour 4A– RCH
3:30 PM		Tour 2B– SPH	Tour 3B– MSJ	Tour 4B– RCH
Saturday, May 22				
1:30 PM	Tour 1C–VGH	Tour 2C– SPH	Tour 3C– MSJ	Tour 4C– RCH
3:30 PM	Tour 1D–VGH	Tour 2D– SPH	Tour 3D– MSJ	Tour 4D– RCH

How many hospital tours would you like to attend? None 1 2

1st Choice _____

2nd Choice _____

3rd Choice _____

* *Your tour times will be on your registration confirmation. Tour tickets will be in your registration packet.*

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 9, 2004

Three Easy Ways to Register

Internet www.scarnet.org (Credit Card Only)

Fax 703-757-0454 (Credit Card Only)

Mail: SCAR 2004 Meeting Registration
10105 Cottesmore Court, Great Falls, VA 22066-3540

Allow up to 3 weeks for receipt of
your registration confirmation letter.

Keep a copy of this form for your records.