

# 2023 Kanal's MR Physics: Understanding & Applying September 18 -22 • Pittsburgh

## 4 Easy Ways to Register

❶ Fax: (412) 647-0738    ❷ Phone: (412) 647-3510    ❸ email: [deangelora@upmc.edu](mailto:deangelora@upmc.edu)    ❹ Mail: UPMC Presbyterian Hospital, Dept of Radiology, 200 Lothrop St - Suite 204, Pittsburgh, PA 15213, ATT: Robin DeAngelo

*\*Return completed form with full payment by check, money order or credit card.*

*Payment must be made in U.S. funds, drawn on a U.S. bank only and made payable to: Center for MR Education*

*Note: Registration and Confirmation materials will be emailed as soon as payment or status verification letter has been received.*

### ATTENDEE INFORMATION (please print legibly and check boxes below)

Name \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_

MD    DO    PhD    RT    RN    Other \_\_\_\_\_

Last **FIVE (5)** digits of social security number *(for CME/CE credits)*

Office

Institution/Company \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

Home

Complete Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

⌘ Subspecialty: \_\_\_\_\_

⌘ I have worked with MRI's for \_\_\_\_\_ months/years

⌘ How did you hear about the course? \_\_\_\_\_

### REGISTRATION FEES

*(Please check one.)*

- \$1,500**    Resident/Fellow In-Training
- \$3,000**    Physicians, Physicists, Industry Reps
- \$1,700**    Nurses and Technologists

### CANCELLATION POLICY

**All cancellation requests must be made in writing.**

*Cancellations received in writing on or before September 11, 2023 will receive a full refund.*

### VIDEO/AUDIO RECORDING POLICY

Video and/or audio recording by course participants is not permitted during the lectures. Unauthorized recording equipment is not allowed in the meeting room.

### SPECIAL NEEDS OF DISABLED PERSONS

Participation by all individuals is encouraged. Advance notification of any special needs will help us to provide better service. Please notify us of your needs at least two weeks in advance of the program.

### FOR MORE INFORMATION

Robin DeAngelo, Education Coordinator  
[deangelora@upmc.edu](mailto:deangelora@upmc.edu)  
<http://mredu.health.pitt.edu>  
Phone: (412) 647-3510    Fax: (412) 647-0738

### PAYMENT INFORMATION: *Registrations will not be processed without payment or status verification letter*

**AMOUNT: \$** \_\_\_\_\_

Check enclosed (Make check payable to: Center for MR Education)

VISA    Mastercard    American Express    Discover

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Card Security # \_\_\_\_\_

Name *(as it appears on card)* \_\_\_\_\_

Cardholders billing address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_