



**DIAGNOSTIC ULTRASOUND CONFERENCE REGISTRATION FORM**  
September 24-25, 2022 | Virtual Conference

**1. REGISTRANT INFORMATION – Please print or type**

Name: \_\_\_\_\_ Designation \_\_\_\_\_  
 Name of Clinical Practice \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_  
 Date of Birth (MM/DD/YY) \_\_\_\_\_ ABR # \_\_\_\_\_

If you require reasonable accommodation to participate in this event, please contact the LARS Office at 626.836.5800.

**Yes! I want to receive important information about this and other LARS activities. Check all that apply to OPT-IN:3003**

- Event Communications: I agree to I want to receive reminder emails, important event updates and other email communications related to this event.  
 Marketing Communications: email newsletters, emails about other LARS events, and other types of electronic marketing communications.

**2. SELECT A PROGRAM (required)**

- 2-Day Ultrasound Radiology     2-Day Breast Imaging + Sunday     1-Day Breast Imaging\*

\* Breast Imaging is offered on Saturday only. You must register for the 2-day program if you wish to attend Breast on Saturday and Ultrasound on Sunday.

**3. REGISTRATION FEES**

Two-Day Conference	LARS Member	Non-Member
Physician	<input type="checkbox"/> \$350	<input type="checkbox"/> \$650
Technologist	<input type="checkbox"/> \$250	<input type="checkbox"/> \$400
Resident or Fellow*	<input type="checkbox"/> \$50	NA

One-Day Breast Imaging Only	LARS Member	Non-Member
Physician	<input type="checkbox"/> \$200	<input type="checkbox"/> \$525
Technologist	<input type="checkbox"/> \$150	<input type="checkbox"/> \$325
Resident or Fellow*	<input type="checkbox"/> \$50	NA

\*Residents and fellows must be enrolled in a 4-year accredited residency or fellowship program. Registration includes membership in LARS.

**4. PAYMENT INFORMATION**

Check # \_\_\_\_\_ (Payable to Los Angeles Radiological Society)

Credit Card Payment:     VISA     MASTERCARD     AMEX     DISCOVER

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3-digit code: \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

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

Credit Card Billing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Conference Registration Amount: \$ \_\_\_\_\_ + Membership Dues: \$ \_\_\_\_\_ = Total: \$ \_\_\_\_\_

- If you are renewing membership dues, please check one:     Physician Member Dues: \$275     Technologist Member Dues: \$50  
 **New Member**- Attach a completed membership application to this registration form (or enroll online) and register at the member rate.  
 **Renewing Member**- 2022 dues must be paid prior to attending the Meeting. Combine your registration with dues renewal

Submit Registration via email: [awalton@amgroup.us](mailto:awalton@amgroup.us); via mail: One Capitol Mall, Ste 800, Sacramento, CA 95814

**REGISTRATION DEADLINE: SEPTEMBER 16, 2022**