

LOS ANGELES RADIOLOGICAL SOCIETY
DIAGNOSTIC ULTRASOUND AND BREAST IMAGING VIRTUAL CONFERENCE
JUNE 3-4, 2023

1. REGISTRANT INFORMATION – Print or type clearly

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

- Event Communications: I agree to receive reminder emails, event updates and other email communications related to this event.
 Marketing Communications: I agree to receive via email LARS events, news, and other types of e-marketing communications.

2. SELECT A PROGRAM

- 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 REGISTRATION FEES		
	LARS Member	Non-Member
Physician	<input type="checkbox"/> \$425	<input type="checkbox"/> \$800
Technologist	<input type="checkbox"/> \$275	<input type="checkbox"/> \$425
Resident or Fellow*	<input type="checkbox"/> \$75	-

ONE-DAY CONFERENCE REGISTRATION FEES		
	LARS Member	Non-Member
Physician	<input type="checkbox"/> \$225	<input type="checkbox"/> \$525
Technologist	<input type="checkbox"/> \$175	<input type="checkbox"/> \$325
Resident or Fellow*	<input type="checkbox"/> \$50	-

*Residents and fellows must be enrolled in a 4-year 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- 2023 dues must be paid prior to attending the Meeting. Combine your registration with dues renewal

Submit Registration via email: jgray@amgroup.us; via mail: One Capitol Mall, Ste 800, Sacramento, CA 95814

REGISTRATION DEADLINE: JUNE 2, 2023