

LARS 2024 ANNUAL MEETING (VIRTUAL) | JUNE 1-2, 2024

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. REGISTRATION FEES

Select the program of your choice in one of the categories below. Radiology and Radiation Oncology are offered on Saturday and Sunday. Breast is offered on Saturday. Ultrasound is offered on Sunday.

REGISTRATION CATEGORIES	Physician Member	Physician Non-Member	Technologist Member	Technologist Non-Member	Resident/Fellow
All Access Pass (BEST VALUE) Radiology + Breast + Ultrasound	<input type="checkbox"/> \$850	<input type="checkbox"/> \$1,300	NA	NA	NA
Preferred Access (Select One) <input type="checkbox"/> Radiology + Breast <input type="checkbox"/> Radiology + Ultrasound	<input type="checkbox"/> \$675	<input type="checkbox"/> \$1,125	NA	NA	NA
Standard Access Plus <input type="checkbox"/> Radiology (3 Tracks)	<input type="checkbox"/> \$475	<input type="checkbox"/> \$850	<input type="checkbox"/> \$275	<input type="checkbox"/> \$425	<input type="checkbox"/> \$75
Standard Access (Select One) <input type="checkbox"/> Radiation Oncology <input type="checkbox"/> Breast + Ultrasound <input type="checkbox"/> Breast + Radiology (Sunday) <input type="checkbox"/> Ultrasound + Radiology (Saturday)	<input type="checkbox"/> \$425	<input type="checkbox"/> \$800	<input type="checkbox"/> \$275	<input type="checkbox"/> \$425	<input type="checkbox"/> \$75
Single Day Access (Select One) <input type="checkbox"/> Breast Imaging <input type="checkbox"/> Ultrasound	<input type="checkbox"/> \$225	<input type="checkbox"/> \$525	<input type="checkbox"/> \$175	<input type="checkbox"/> \$325	<input type="checkbox"/> \$50

3. PAYMENT INFORMATION

Check # _____ (Payable to: Los Angeles Radiological Society)

Credit Card Payment: VISA MASTERCARD AMEX DISCOVER

Credit Card #: _____ Exp. Date: _____ Security 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 - 2024 dues must be paid to receive the member rate.

Cancellation Policy: Full refund, less \$100 administrative processing fee, when received on or before May 24, 2024. No refunds will be given for cancellations after this date. All requests for a refund must be received in writing.

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

REGISTRATION DEADLINE: MAY 24, 2024
AFTER MAY 24, 2024: ADDITIONAL \$50 APPLIES