



REGISTRATION FORM

Trauma Imaging: What the Clinician Wants to know from the Radiologist

Saturday, November 2, 2019 – The Sutton Place Hotel

Name _____

Address _____

Phone _____

Email _____

*Registration includes CME certificate, lunch and refreshment break

SELECT

Live in- person Live webinar

CIRCLE ONE	Until Sept 30	After Oct 1
BCRS Members	\$425	\$500
Non-members	\$800	\$900
Technologists	\$150	\$200
Fellows and Residents – must pre-register	FREE	FREE

I will attend the BCRS AGM on Nov 2nd (FOR MEMBERS ONLY)

SELECT

Cheque Mail to: 230-1210 Summit Dr, Unit 128, Kamloops BC V2C 6M1 (payable to BCRS)

Credit Card VISA MasterCard

Card Number _____ CVV _____ Expiry Date ____/____

Name of Cardholder _____

Signature _____

Fax 1.250.377.4028 **Email** bcrs@bcrs.bc.ca (include scanned registration form and payment information)

Cancellation Policy

Refunds will only be awarded for withdrawals with written notification submitted to the BCRS office, by email bcrs@bcrs.bc.ca or fax at 250 377 4028 , by October 27, 2019. A \$25 processing fee will be deducted for all cancellations. *No refunds will be issued after October 31, 2019.*

FMI:

Contact Cheryl Rentz-Bennett @ 1 877 465 2277 OR bcrs@bcrs.bc.ca