

# World Congress of Thoracic Imaging Registration Form

June 18-21, 2017 \* Boston, Massachusetts

Early Bird Deadline: Monday, May 22, 2017

For security reasons, badges will be required for all WCTI scientific sessions & events. For designated events, tickets will also be issued & must be presented for admittance. Pre-registered attendees may pick-up their badges & tickets at the WCTI Registration Desk at the Hynes Convention Center beginning Saturday afternoon, June 17.

Please Print or Type

\*Indicates Required Field

Name\*

Institution

Address\*

City\*

State\*

ZIP\*

Country\*

Phone\* (Daytime)

Fax\*

Email\*

Name of Spouse/Partner/Non-Physician Guest (if registering)




Please contact me regarding special needs.

## PLEASE INDICATE YOUR SPECIALTY

- Radiologist
- Pulmonologist
- Critical Care Physician
- Thoracic Surgeon
- Other \_\_\_\_\_

## CANCELLATION POLICY:

All requests for cancellations must be received in writing. If a written request of cancellation is received at the WCTI Registration Department on/before May 19th, the registration fee, less a \$50.00 administrative fee, will be refunded after the meeting. Refund requests received after May 19th will not be honored. Fees cannot be reduced for partial attendance. Please send written requests to:

WCTI  
Registration Department  
500 Cummings Center, Suite 4400  
Beverly, MA 01915  
FAX: 978-524-0461

## REGISTRATION FEES (in USD):

Qty	Registrant Type	Early Bird Deadline: 05/22/2017	Regular Fee	Total
_____	Member of STR, ESTI, Flieshiner, JSTR or KSTR	\$650	\$700	\$ _____
_____	Non Member MD & PhD	\$750	\$800	\$ _____
_____	Technicians, Nurses, and Allied Health Professional	\$300	\$350	\$ _____
_____	Fellows, Residents and Students	\$200	\$225	\$ _____
_____	Spouse/Partner/ Non-Physician Guest	\$50	\$50	\$ _____
<b>Gala Ticket (per ticket)</b>				
_____	Gala Dinner Ticket	\$100	\$100	\$ _____

**TOTAL FEES**

\$ \_\_\_\_\_

## PAYMENT INFORMATION:

Fees are payable via VISA, MasterCard, American Express, check, or money order. Please indicate your payment method below.








CHECK (enclosed)

MONEY ORDER (enclosed)

Amount Authorized: \_\_\_\_\_

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

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Security Code: \_\_\_\_\_ (See card images below.)

Your credit card's security code is a 3- or 4-digit number located on the front or back of your credit card.



Full Billing Address: \_\_\_\_\_

Signature: