

ARRS

Practical PET/CT: What You Need To Know

HOTEL RESERVATIONS

The course will take place at the Hilton Houston Post Oak Hotel located in the Galleria area of Houston.

ARRS has negotiated a block of discounted rooms for course registrants. To book your room, visit www.arrs.org/PETCT or call Hilton Reservations at 1-800-445-8667 or 713-961-9300 and identify yourself as being part of

the ARRS block. You must reserve your room no later than September 25, 2017 to receive the ARRS discounted room rates. After that date, the ARRS room block will be released and higher rates may apply.

HOTEL ROOM RATES

\$129 single/double rooms

All rates are quoted in U.S. funds and subject to applicable state and local taxes.

HOTEL CONFIRMATIONS

When you make your reservations online you will receive a confirmation e-mail from the hotel along with instructions to modify or cancel a reservation.

DEPOSITS

All reservations must be guaranteed with a credit card.

In-Person Registration Form

October 13-14

Register for the In-Person or Virtual Symposium online at www.arrs.org/PETCT

First Name: _____ M.I.: _____ Last Name: _____

Degrees (MD, PhD, etc.): _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone (please include country and city codes if applicable): _____ Fax: _____

E-mail (registration confirmation is sent to this e-mail address): _____

Emergency Contact: _____ Phone: _____

General Registration Fees *Please circle the appropriate category*

	Early-Bird Fees Through August 25	Regular Registration Fees Through September 25	Late*/Onsite Fees
ARRS Physician Member	\$499	\$599	\$699
ARRS In-Training Member	\$249	\$349	\$449
Nonmember	\$999	\$1,099	\$1,199

*Late registrations will only be accepted online after September 25th or on-site in Houston.

Total Fees: \$ _____

____ Check Enclosed (in U.S. funds drawn on a U.S. bank made payable to ARRS)

____ Credit Card: ____ Visa ____ MasterCard ____ American Express

Card Holder's Name: _____

Credit Card #: _____ Expiration Date: _____

Signature: _____

Register online at www.arrs.org/PETCT or by completing this form and faxing it to 703-729-4839 or mailing it to ARRS, Meeting Registration, 44211 Slatestone Court, Leesburg, VA 20176-5109.

Please contact ARRS if you have any questions at 866-940-2777 or 703-729-3353 or meeting@arrs.org. Registrations by phone will not be accepted. Cancellation requests received by Monday, September 25, 2017, will be refunded after the meeting, minus a \$50 USD cancellation fee. The \$50 USD cancellation fee is nonrefundable. After Monday, September 25, 2017, absolutely no refunds will be issued. **Need to change your registration from the In-Person Meeting to the Virtual Meeting?** Written requests of transfers received by September 25 will require a \$50 nonrefundable transfer fee in addition to any additional virtual registration fees to make the requested change in the meeting registration record. Written requests of transfers received by October 6 will require a \$100 nonrefundable transfer fee in addition to any additional virtual registration fees to make the requested change in the meeting registration record.

Nonmembers wishing to apply for membership and pay the member fees must do so no later than October 4. Go to www.arrs.org/join or call 1-866-940-2777 or 703-729-3353 for details.

ARRS
Your Medical Imaging Society
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