



# THE ATLANTA SOCIETY OF RADIOLOGIC TECHNOLOGISTS, INC.

P.O. BOX 78985, ATLANTA, GEORGIA 30357-2985

Email: [atlantasociety@yahoo.com](mailto:atlantasociety@yahoo.com)

Website: <http://www.atlantaradtech.org>

## 23rd STUDENT & RADIOGRAPHERS' SEMINAR & EDUCATOR'S CONFERENCE

March 1- March 4, 2008  
Crowne Plaza Ravinia, Atlanta, GA

### EXHIBIT REGISTRATION FORM

NAME:

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NAME OF INSTITUTION, ORGANIZATION or COMPANY:

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BUSINESS ADDRESS:

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BUSINESS TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

### SCHEDULE OF FEES

Six-foot, draped table with two chairs: \$ 250 (3 days)

I wish to reserve \_\_\_\_\_ tables(s) for the 23rd Atlanta Student and Radiographers' Seminar and Educators' Conference.

Will an electrical outlet be needed?                      YES                      NO (An additional fee may be charged for electrical outlet)

Please find enclosed \$ \_\_\_\_\_ exhibitor fee in payment for the number of tables requested above (\$250 per table )

Make checks payable to **Atl.S.R.T. STUDENT SEMINAR.**

Please complete above information, enclose check, and send to:

**Glenna Neumann, RT(R)**  
**3695 Jones Ferry Lane**  
**Alpharetta, GA 30022**