



THE ATLANTA SOCIETY OF RADIOLOGIC TECHNOLOGISTS, INC.

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

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24th STUDENT & RADIOGRAPHERS' SEMINAR & EDUCATOR'S CONFERENCE

February 20 - 23, 2010
Crowne Plaza Ravinia, Atlanta, GA

EXHIBIT REGISTRATION FORM

NAME:

NAME OF INSTITUTION, ORGANIZATION or COMPANY:

BUSINESS ADDRESS:

BUSINESS TELEPHONE #: _____ FAX #: _____

SCHEDULE OF FEES

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

I wish to reserve _____ tables(s) for the 24th 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