



Meeting Registration Form

Mail-In Deadline: Form must be postmarked by March 1st, 2024
Register online at AUR.org

Cancellations must be received in writing by March 22nd to info@aur.org.
A \$50 administrative fee will be charged per registration refunded.
No refunds will be issued after March 22nd.

Contact Information

Name as it should appear on badge (with credentials)

Organization

Email

Phone

Address

(Address Line 2)

City

State

ZIP

Country

Emergency Contact (Name & phone of person not attending meeting)

Guest Badge (First & Last Name)

A guest badge is intended for use by a spouse or family member accompanying a full conference professional registrant to the meeting. No guest badges will be issued for any other purpose. CME credit is not tracked or awarded for guests.

This is my first AUR Meeting I am attending the meeting: In-Person Virtually Both

Please check here if under the Americans with Disabilities Act you require accommodation/services in order to attend. You will be contacted by AUR.

AUR provides a list of meeting attendee names and institutions (no contact information) to exhibitors. Do not include me in this list

I have read and accept the AUR Meeting Policies on aur.org/meeting-policies

Registration Selection

AUR Member registration overrides other member registration categories and fees. Registration classification is subject to AUR approval and rate change.

- | | | | |
|--|-------|---|-------|
| <input type="checkbox"/> AUR Active Member | \$675 | <input type="checkbox"/> APCR Member | \$675 |
| <input type="checkbox"/> Student Member | \$0 | <input type="checkbox"/> APDIR Member | \$825 |
| <input type="checkbox"/> Non-Member Medical Student* | \$0 | <input type="checkbox"/> APDR Member | \$825 |
| <input type="checkbox"/> Junior Member (Resident) † | \$250 | <input type="checkbox"/> SCARD Member | \$825 |
| <input type="checkbox"/> Non-Member Resident † * | \$500 | <input type="checkbox"/> International Low-Middle Income Rate ‡ | \$155 |
| | | <input type="checkbox"/> Non-Member | \$960 |

† If you are currently a resident, are you a Chief Resident? Yes No

* **Verification required:** Non-Member Residents and Medical Students must provide proof of status. A verification letter from your institution or a student ID must be included with your registration form. You can download the Program Verification Form at aur.org/program-verification-form.

‡ Low/Middle Income countries are determined by the World Bank Income Classifications by Country. If you are practicing in one of these countries, you are eligible for the reduced registration rate. You can view the classifications at aur.org/world-bank-income-classification.

Event Selection

- | | | |
|---|------|---|
| <input type="checkbox"/> Radiology's Got Talent Show – Ticket * | \$25 | Wednesday, April 3rd, 4:30–5:30pm |
| <input type="checkbox"/> Radiology's Got Talent Show – Guest Ticket * | \$25 | |
| <input type="checkbox"/> Networking Reception – Ticket | \$0 | Thursday, April 4th, 6:00–8:00pm |
| <input type="checkbox"/> Networking Reception – Guest Ticket | \$0 | *Residents and Students, please email info@aur.org for reduced event ticket pricing |

Payment Information

Registration Cost \$ _____ Check # _____

Event Selection Cost \$ _____

Total Cost \$ _____

Payable to AUR in U.S. funds drawn on a U.S. bank. By sending your check to us, you authorize AUR to convert the check into an electronic funds transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment.

Mail registration form, check, and all additional materials, postmarked by March 1st, 2024, to:

AUR
PO Box 1488
Warrenville, IL 60555

Payments via credit card can be made online at aur.org/annual-meeting. Please direct all questions to info@aur.org.