

72<sup>nd</sup> TSRT Annual Educational Meeting October  
28<sup>th</sup> - 30<sup>th</sup>, 2010  
Pre-Registration

Mail your registration form and  
payment to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

ARRT # \_\_\_\_\_ ASRT # \_\_\_\_\_

**PAYMENT MUST ACCOMPANY PRE-  
REGISTRATION AND MUST BE  
POSTMARKED BY OCT. 15th. Pre-  
Registration**

\_\_\_\_\_ TSRT Member \$180 includes all  
functions

\_\_\_\_\_ Non-Member\*\* \$220 includes all  
functions

\_\_\_\_\_ TSRT Student Member \$80 includes all  
functions

\_\_\_\_\_ Student Non-Member\*\* \$93 includes all  
functions

\_\_\_\_\_ TSRT Student Member \$25 no meal  
functions

\_\_\_\_\_ Student Non-Member\*\* \$38 no meal  
functions

\*\*Non-member registration includes a one year  
TSRT membership

**On-site registration for TSRT Members: \$200 -  
does not include meal functions.**

**On-site registration for non-TSRT Members:  
\$240 - does not include meal functions.**

Tanya Fowler  
2829 Howell Road

Mascot, TN 37806

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Make your hotel reservations at:  
Holiday Inn Cedar Bluff  
304 N. Cedar Bluff Road  
Knoxville, TN 37923  
865-693-1011 or 800-HOLIDAY

To get the \$92.00 rate you must ask for  
TN Society of Radiologic Technologists  
(TSRT).

You can also go online at  
[www.cedarbluff.holidayinn.com](http://www.cedarbluff.holidayinn.com).

Use block code "TSR" to get the group  
rate.

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The 72<sup>nd</sup> TSRT Annual Meeting will have a  
total of 20 educational sessions which are  
being submitted to the ASRT for CE  
approval. Educational sessions will begin  
promptly Thursday morning at 8:00am  
immediately following the Opening Business  
Session. The last session will end at noon  
on Saturday.



TSRT Membership Application

Membership year is January 1<sup>st</sup> - December 31<sup>st</sup>.  
After October 1<sup>st</sup>, membership will be valid until  
December 31, 2011.

Annual Dues:

\_\_\_\_\_ Active Member \$40

\_\_\_\_\_ Associate Member \$40

\_\_\_\_\_ Supporting Member \$40

\_\_\_\_\_ Student Member \$13

ARRT# \_\_\_\_\_

ASRT# \_\_\_\_\_  
(required for Active Status)

Date \_\_\_\_\_ District \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

ATTENTION NON-MEMBERS Please mail  
this completed application with your pre-registration  
form.

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