

CONFERENCE REGISTRATION- 176700/30/120847/41

7TH INTRAOPERATIVE IMAGING SOCIETY MEETING

March 13-16, 2019

Last Name	First	MI	Highest Degree
Department (include unit no.)		Specialty	
Institution			
MD Anderson Employee ID No. (required for all MDACC employees):		Physician <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street			
City		State/Foreign Country/Zip or Mail Code	
Daytime Phone (with area code)		Cell Phone (with area code)	Fax (with area code)
E-mail Address (please print)			
Emergency Contact		Phone (with area code)	
Credit Card Holder Name (First/Last)			Charge the following: <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX
Credit Card Number			Expiration Date
Security Code/CVV/CSV	Credit Card Holder Billing Address & ZIP Code		
MD Anderson Interdepartmental Transfer (IDT) No.: *Fund Group 90 will not be accepted			
Business Unit	Department	Fund Group*	Fund
Fund Type			
Authorized Signature REQUIRED for CREDIT CARD or IDT		IDT Approver Name (First/Last) please print	

THIS IS NOT A SELF-MAILER - Address to:

7th Intraoperative Imaging Society Meeting

Department of CME/Conference Management – Unit 1781

The University of Texas MD Anderson Cancer Center

PO Box 301407, Houston, TX 77230-1407

or fax to 713-794-1724

Make check or money order payable to:

The University of Texas MD Anderson Cancer Center

Registration Fees

Intraoperative Society Members

☐ Postmarked before February 22, 2019. \$450.00

<input type="checkbox"/> Postmarked after February 22, 2019 ..	\$500.00
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Non-Members

☐ Postmarked before February 22, 2019 . . . \$550.00

☐ Postmarked after February 22, 2019 .. \$600.00

Students/Fellows, other Health Care Professionals

☐ Postmarked before February 22, 2019. . \$250.00

☐ Postmarked after February 22, 2019.....\$300.00

Wednesday – Practical Course

<input type="checkbox"/> Workshop (Limited 50)	\$50.00
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Friday – George Ranch ☐ Guest Fee . . . \$75.00