



Michigan Radiological Society
 Preston M. Hickey Memorial Lecture
 Thursday, March 9, 2006 • The Inn at St. John's, Plymouth

Registration Form

PLEASE PRINT

Name _____ Degree _____

Hospital Affiliation _____

Address _____

City/State/ZIP _____

Phone _____ Fax _____

Vegetarian Meal

PAYMENT METHOD (check one)

\$50 x _____ = \$ _____

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- Payment coming from Hospital (be sure to list hospital affiliation above)

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 Attention: Finance
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For information, call Sarah Cressman, Executive Director, at 517-336-5727



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