



Central Chapter Society of Nuclear Medicine and Molecular Imaging

2020 Virtual Road Show

Saturday, October 24, 2020

8:00 am—12:00 pm CT

2020 Fall Virtual Road Show Program Schedule:

8:00 - 9:00am	<i>CT Patient Interactions and Management</i> Michelle Gruchot, Northwestern Memorial Hospital
9:00 - 10:00am	<i>Computed Tomography Dosimetry</i> James A. Tomlinson, MS, Medical Physics Consultants
10:00 - 11:00am	<i>Role of FDG PET/CT in Imaging of Squamous Cell Carcinomas of Head and Neck</i> Yekaterina Kucernova, MD, John H. Stroger, Jr. Hospital of Cook County
11:00am - 12:00pm	<i>Image Formation and Quality Control of Computed Tomography</i> Yun Liang, PhD, DABR, Department of Radiology and Imaging Sciences Indiana University School of Medicine

This program has applied for 4.0 CEH of CME and VOICE Credit

The 2020 Road Shows are jointly sponsored by the Central Chapter Society of Nuclear Medicine and Molecular Imaging, the Central Chapter Society of Nuclear Medicine and Molecular Imaging Technologist Section and the Society of Nuclear Medicine and Molecular Imaging. For updated information, please visit the CCSNMMI web site at ccsnmmi.org

2020 CCSNMMI Virtual Road Show Registration Form

SNMMI Membership # _____ Not a member?

For information on becoming a member of the SNMMI and CCSNMMI, go to www.snmml.org.

Please complete the following information:

Name and Credentials _____

Institution _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Email: _____

Registration Category

- | <u>Registration Category</u> | <u>Price</u> |
|---|---------------|
| <input type="checkbox"/> Technologist, SNMMI Member | Complimentary |
| <input type="checkbox"/> Technologist, Non-SNMMI Member | \$ 40.00 |
| <input type="checkbox"/> Student / Resident SNMMI Member* | Complimentary |
| <input type="checkbox"/> Student / Resident Non-SNMMI Member* | Complimentary |
| <input type="checkbox"/> MD/Scientist, SNMMI Member | Complimentary |
| <input type="checkbox"/> MD/Scientist, Non-SNMMI Member | \$ 50.00 |

Cancellation Policy:

Cancellations must be received in writing no later than seven business days before the meeting.

Payment Information

Check (Please make payable to CCSNMMI)

Visa MasterCard American Express Discover

Credit Card Number

Expiration Date

Security ID

Name on Card _____

Billing Zip Code _____

*Student and resident registrations must be accompanied by a letter from their program director verifying status.