

## MEDIA ADVANCE REGISTRATION AND HOUSING FORM

**Final Housing Deadline: November 4, 2016**

I cannot attend RSNA 2016, but would like to receive a press kit in November. *(Please fill out Step 1: Contact Information)*

### STEP 1: CONTACT INFORMATION

\_\_\_\_\_  
Last Name / Family Name

\_\_\_\_\_  
E-mail Address (Experient: cc: hotel confirmations to Linda Brooks at [lbrooks@rsna.org](mailto:lbrooks@rsna.org))

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Telephone + Country & City Code, if applicable

\_\_\_\_\_  
Job Title / News Beat

\_\_\_\_\_  
Fax + Country & City Code, if applicable

\_\_\_\_\_  
Name as it should appear on badge if different from above

**Note: Previous attendees must submit a copy of their latest RSNA annual meeting story.**

\_\_\_\_\_  
Media Outlet

Address:  Home  Office

\_\_\_\_\_  
Address (Line 1)

\_\_\_\_\_  
Address (Line 2)

\_\_\_\_\_  
City / State / ZIP / Country

### STEP 2: HOTEL RESERVATION

Complete your hotel selection. Visit [RSNA.org/Register](http://RSNA.org/Register) and click "Hotel Information" for a full list of hotels, nightly rates, and locations.

\_\_\_\_\_  
Arrival Day / Date

\_\_\_\_\_  
Departure Day / Date

1st choice: Hotel Number & Name \_\_\_\_\_ 2nd choice: Hotel Number & Name \_\_\_\_\_ 3rd choice: Hotel Number & Name \_\_\_\_\_

Single (1 bed)  Double (2 persons / 1 bed)  Twin (2 persons / 2 beds)  Suite  Smoking  Non-smoking


\_\_\_\_\_  
Person(s) sharing my room

If my choices are unavailable, please book a room based on:  Rate \$ \_\_\_\_\_  Location  Other: \_\_\_\_\_  
Room Rate Desired

I do not require a hotel reservation because:  I will reserve a room later.  I have reservations at (hotel): \_\_\_\_\_

I am staying at a local residence.  I am sharing a room reserved by: \_\_\_\_\_

*Information used for emergency contact during the meeting*

 Check here if, under the Americans with Disabilities Act, you require accommodations or services in order to attend. You will be contacted by RSNA.

### STEP 3: PAYMENT INFORMATION

A deposit equal to one night stay, including 17.4% hotel tax, will be charged to your credit card by the hotel approximately 2 weeks before the meeting. Credit card must be valid through December 2016.

American Express  Discover  MasterCard  Visa

\_\_\_\_\_  
Credit card number

\_\_\_\_\_  
Name as it appears on card

\_\_\_\_\_  
Expires Month / Year

**X**  
Cardholder signature required

*I authorize my credit card to be charged a deposit equal to one night stay, including 17.4% hotel tax.*