



## Radiology in Kyoto, Japan: Scientific / Social Registration

Email Address:

Last Name:  M.D.  D.O.  Dr.

First Name:

Companion Name(s)

Companion Email(s)

Badge Name(s) **(Print all names as you would like them to appear on name badges)**

Address:

City, State/Province:

Zip/Postal Code:  Country:

Phone: (home)  (work)  (mobile)

- Scientific Registration (**before** August 15, 2020): \$2,895.00
  - Scientific Registration (**after** August 15, 2020): \$3,095.00
  - Plus 5 **SAM** (Self Assessment **M**odules) Credits: \$250.00
  - Social Registration (companion(s)): \$775.00
- Total:

**There will be no refunds on or after January 15, 2021. Before then there will be a cancellation fee of \$300.00**

Payment Method:  Visa  American Express  MasterCard  Cheque

Card / Cheque #:

Exp Date:  Security Code:  Total Enclosed: \$

Authorized Signature:

**Please FAX Form to 860-356-0922**

Please complete, then print and mail with your check or money order payable to:  
Radiology International, Inc., 945 Farmington Avenue, West Hartford, CT 06107, Telephone: 860-225-1700  
Or, to pay by credit card fax to: 860.356.0922 or scan and email to nadine@radiologyintl.com

## Radiology in Kyoto, Japan: Hotel Registration

Enclosed is \$1,500 per room deposit. Cancellations will result in a \$300.00 per room cancellation fee in addition to penalties that may be imposed by the hotel and ground operator. There will be no refund on cancellations received on or after January 15, 2021. By completing this form, I/we acknowledge and accept all the terms and conditions.

Please FAX Form to 860-233-2331

Email Address:

Last Name:  First Name:

Additional Persons:

Address:

City, State/Province:

Zip/Postal Code:  Country:

Phone: (home)  (mobile)

### Land Arrangements for Radiology in Kyoto.

Prices may change if there is significant fluctuation in the exchange rates.

All Hotel rooms in the Hotel Program are at Kyoto Hotel Okura  
Please select room types by indicating which Pricing Plan you request.

Hotel Program Pricing Plan: \_\_\_\_\_

Physician Rate Starts from: **\$2742.00 USD**      Second Person Rate : **\$372.00 USD**

Information on prices for extra days and room upgrades please contact Nadine, or Chris at 860-344-7048 or by emailing: [Nadine@Radiologyintl.com](mailto:Nadine@Radiologyintl.com) or [ctanguay@sanditz.com](mailto:ctanguay@sanditz.com). A deposit of \$ 1,500.00 is required with your reservation and the balance is due by January 15, 2021.

*There will be no refunds on or after January 15 2021. Before then there will be a cancellation fee of \$300.00 per room*

If you have any special needs please note them here:

Payment Method:  Visa       American Express       MasterCard       Cheque

Card / Cheque #:

Exp Date:  Security Code:  Total Enclosed: \$

Authorized Signature: \_\_\_\_\_

I am interested in:  Pre and Post-Conference Tours       Discounted Airfares       Car Rental

If paying by check, please make your check payable to Radiology International Inc. and mail to Radiology International, 945 Farmington Avenue, West Hartford, CT 06107, USA with a copy of this form. All credit card authorizations will be processed by Radiology International Inc.

To make your reservations email or fax this form to 860-233-2331 or email to [Nadine@Radiologyintl.com](mailto:Nadine@Radiologyintl.com) or [ctanguay@sanditz.com](mailto:ctanguay@sanditz.com)