



THE MARYLAND SOCIETY OF RADIOLOGIC TECHNOLOGISTS

PRESENTER APPLICATION 2016 MSRT Annual Meeting

Please provide the following information:

Name _____ Credentials e.g. RT(R): _____

Mailing Address _____

Office Phone _____ Home Phone _____

Mobile Phone _____

Employer (if allowed to identify for presentation purposes) _____

Work Title _____

Full name as preferred on name badge _____

Email _____

Title of Presentation _____

**Your presentation must be at least 50 minutes in length to qualify for continuing education credits pending ASRT approval.

Please attach a Word document that contains the following:

- A 3-4 sentence summary of your presentation, something that would entice attendees
- An Outline of your presentation (phrases only is fine)
- At least 10 Objectives, written after, "At the end of this presentation, the audience will be able to:"

If selected as a presenter*:

Presentation day and time preference (Please circle): Saturday Sunday AM PM Does not matter

The MSRT will provide your choice of (Please circle one):

Conference registration \$50.00 honorarium

The MSRT will pay for one night at the hotel (Please circle one):

Friday Saturday

**You may book additional nights at the same conference rate, but at your expense

PLEASE MAKE A COPY FOR YOUR RECORDS

AND MAIL THIS APPLICATION to:

MSRT
P.O. Box 5747
Derwood, MD 20855

OR EMAIL: MdRadTech@gmail.com

*Selection not automatic. Selected presenters will be notified by late Spring 2016. Thank you!