



2012 Annual Conference Program

12 CEU'S Available

FRIDAY MAY 11th, 2012

11:00 – 1:00	Registration	
1:00 –1:15	President Introduction	
1:15–2:15	Radiation Physics A to Z	Dennis Mitchell
2:15–3:15	Testing X-ray Equipment	Dennis Mitchell
3:15 –4:15	Things that Do Not Belong Where They Are	Mike Latimer
4:15 –5:15	Digital Radiography what Layman don't Know	Mike Latimer
5:15 –6:15	<i>Attitude Adjustment----- (NO CEU'S)</i>	
6:15 –7:15	Contrast Media Refresher	Travis Prowant
7:15 – 8:15	Computed Tomography “Past and Present”	Travis Prowant

Saturday May 12th, 2012

7:00-7:45	Registration	
7:45-8:00	President Introductions	
8:00-9:00	Portable Radiography	Terry Ferguson
9:00-10:00	DR Asset Management	Terry Ferguson
10:00-11:00	Dealing With Pt's in A Digital World	Terry Ferguson
11:15-12:30	<i>LUNCHEON AWARDS----- (NO CEU'S)</i>	
12:30-1:30	Key to a Harmonious Co-Existence	Eric Stemen
1:30-2:30	Second Generation in Radiation Safety/Management 1	Ginger Griffin
2:30- 3:30	Second Generation in Radiation Safety/Management 2	Ginger Griffin

ALL ABOVE TITLES ARE SUBJECT TO CHANGE



Registration

Please Print

Name _____ DOH CERT# _____

Address _____

City/State _____ Zip-Code _____

E-Mail _____ Telephone _____

Registration Fees

Two (2) Day Registration

FSRT	Member	Non-Member
Advance	\$70.00	\$105.00
On-Site	\$100.00	\$135.00
Student	\$45.00	\$65.00

FRIDAY or SATURDAY (Circle Day Attending)

FSRT	Member	Non-Member
Advance	\$55.00	\$95.00
On-Site	\$75.00	\$105.00
Student	\$35.00	\$55.00

Advanced Registration must be postmarked by **April 30, 2012**

Return checks bank charge of \$ 50.00

Cancellation fee \$ 25.00 within 24 hours of conference

(CASH OR CHECKS ONLY AT CONFERENCE)

MAIL CHECKS AND REGISTRATION FORM to:

FSRT Conference 6825 N.W. 15th Street, Margate FL 33063-2520

MEMBERS MUST ATTACH CURRENT COPY OF FSRT MEMBERSHIP CARD

Room Rate: \$ 74.00 night + tax: Reservation: 407-351-3500

(Jacket or Sweater advised for conference comfort)



Membership Application

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ E-mail _____

EMPLOYER _____

DOH Cert/BMO# _____

ARRT# _____ ASRT# _____

COMMERICAL REPRESENTATIVE _____

STUDENTS ENROLLED IN RADIOLOGIC TECHNOLOGY PROGRAM

NAME OF PROGRAM _____

ADDRESS _____

EXPECTED GRADUATION DATE _____

SIGNATURE OF PROGRAM DIRECTOR _____

In the interest of its members, the FSRT has engaged in lobbying activities, in so doing 15% of your membership fee may not be deductible for tax purposes under section 162E of the code. This statement is made in accordance with Section 6033E of the Internal Revenue Code.

SIGNATURE _____ DATE _____

MEMBERSHIP APPLICATION FEE AND DUES* \$30.00

***COVERS STUDENT FOR DURATION OF RADIOLOGIC TECHNOLOGY EDUCATIONAL PROGRAM**

Mail to: The Florida Society of Radiologic Technologists
6825 NW 15th Street,
Margate, Florida 33063

MAKE CHECK OR MONEY ORDER PAYABLE TO FSRT

COPY OF DOH Cert/BMO#, ARRT & ASRT CARDS MUST BE ENCLOSED

Celebrating over 100 Years of Quality Radiologic Sciences Service & Our Future