

**SOUTH CAROLINA SOCIETY OF RADIOLOGIC TECHNOLOGISTS
COMPETITION APPLICATION**

I wish to submit an application for competition at the SCSRT Annual Meeting.

NAME: _____

ADDRESS: _____

TELEPHONE: (W) _____ (H) _____ Email: _____

PLACE OF EMPLOYMENT/SCHOOL: _____

TITLE OF EXHIBIT/PRESENTATION: _____

Please circle one of the following:

I wish to enter the competition of: Exhibit Presentation Rad Tech Bowl
I am entering competition as a: Registered Technologist Student Technologist

I have read the guidelines for Exhibit/Presentation/Rad Tech Bowl competition and agree to abide by those guidelines. I am currently a member of the SCSRT. (Please include a copy of membership card)

Signature of the Applicant Date

Signature of Program Director (Students) Date

Mail to: (certified)
Scientific Survey Chairperson

Christy Corley Nichols
260 Tommy Road
Batesburg, SC 29006

****FAILURE TO COMPLY WITH ALL GUIDELINES WILL RESULT IN DISQUALIFICATION. ****
****MUST BE SENT CERTIFIED MAIL AND POSTMARKED NO LATER THAN FEBUARY 1. ****

Office Use Only:
Date application was received: _____ (Revised 2012 rem)