

## South Carolina Society of Radiologic Technologists

## Scientific Presentation and/or Exhibit

**APPLICATION for Competition***I wish to submit an application for competition at the SCSRT Annual Meeting*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (H or C) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment \_\_\_\_\_

Title of Presentation \_\_\_\_\_

Title of Exhibit \_\_\_\_\_

Circle the option(s) below that apply:

I wish to enter the competition for:        **PRESENTATION****EXHIBIT**I am entering the competition as a:        **Student****Registry-eligible Technologist****Registered Technologist**

I have read the guidelines for the presentation and/or exhibit competition and agree to abide by the guidelines. I am a current Active, Associate, or Student member of the SCSRT (please include a copy of SCSRT membership card with application submission).

Signature of Applicant \_\_\_\_\_ DATE \_\_\_\_\_

**Applications must be received by February 15, 2017 – via email to the current Chair of the Scientific Survey Committee (Scientific Chairperson) Eliot Lee, leeel@sjchs.org**

*Late or incomplete applications will be disqualified.*

Office Use Only:

Date application was received: \_\_\_\_\_