

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 _____

Check 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 scanned copy of SCSRT membership card with application submission).

Signature of Applicant _____ DATE _____

Applications must be received by February 1, 2019 – via email to Erika Johnson, Chair of the Scientific Survey Committee (Scientific Chairperson) ejohnson@tcl.edu

Late or incomplete applications will be disqualified.

Office Use Only:

Date application was received: _____