

**THE DEPARTMENT OF BIOMEDICAL AND RADIOLOGICAL TECHNOLOGIES 2009 HOMECOMING
ANNIVERSARY CELEBRATION**

REGISTRATION FORM

Please complete all information on the registration form, including name and degree/title, as you want them to appear on your name badge.

Full name: _____ Graduation Year: _____

Program you graduated from: _____

Preferred address (indicate if home or business): _____ Degree/title: _____
 _____ Home Phone: _____
 _____ Business Phone: _____
 _____ E-mail address: _____

Spouse/Guest Name _____ Degree/title _____

I plan to attend the following events: (listed cost is per person)

<u>Event</u>	<u>Number Attending</u>	<u>Total Cost</u>
Clinical Laboratory Science/Medical Technology Continuing Education Event (Friday, 4/24/09) Free	_____	_____
Biomedical & Radiological Technologies Reception, Dinner and Awards Program Friday, 4/24/09) \$40 Clinical Laboratory Science – 50 th Anniversary* Nuclear Medicine Technology – 40 th Anniversary* Diagnostic Medical Sonography – 25 th Anniversary* Medical Dosimetry* Radiation Therapy* (All events concurrent and in the same location*)	_____	_____
President’s Cookout (Saturday, 4/25/09) Free	_____	_____
School of Allied Health Sciences Reception, Banquet And Distinguished Alumnus Presentation (Saturday, 4/25/09) \$45 (\$50 after 4/10/09)	_____	_____
Total Due:		_____

___ Make check payable to GHSUF – Georgia Health Sciences University Foundation
 ___ MasterCard ___ VISA ___ Amex ___ Discover

Card number _____ Expiration Date _____

Signature _____ Name as it appears on card _____

** You may also pay by phone with your credit card **

Mail registration form and remittance to:
 c/o Jan Bane
 Medical College of Georgia
 Dept of Biomedical & Radiological Technologies
 (EC 3410)
 987 St. Sebastian Way
 Augusta, GA 30912

For more information, contact
 Jan Bane
 706-721-4176
www.mcg.edu/homecoming

