

**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 Lean Six-Sigma – Creating an Innovative Culture of Continuous Measurable Improvement® – Presentation by the SAHS Distinguished Alumna (Friday, 4/24/09), <b>Free</b>	_____	_____
Biomedical & Radiological Technologies Reception, Dinner and Awards Program Friday, 4/24/09) <b>\$40</b> <b>Savannah Rapids Pavilion</b> Clinical Laboratory Science – 50 <sup>th</sup> Anniversary* Nuclear Medicine Technology – 40 <sup>th</sup> Anniversary* Diagnostic Medical Sonography – 25 <sup>th</sup> Anniversary* Medical Dosimetry* Radiation Therapy* <u>(All events concurrent and in the same location*)</u>	_____	_____
President’s Cookout (Saturday, 4/25/09) <b>Free</b>	_____	_____
School of Allied Health Sciences Reception, Banquet And Distinguished Alumnus Presentation (Saturday, 4/25/09) <b>\$45 (\$50 after 4/10/09)</b>	_____	_____
<b>Total Due:</b>	_____	_____

\_\_\_ 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](http://www.mcg.edu/homecoming)

