



Registration form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Employer: _____

SNM Membership # : _____

Student School: _____

☼ \$55 SNM Member

☼ \$65 Non-Member

☼ \$10 Student

Please complete this form and

Make all checks payable to Pittsburgh SNMMI-TS

P.O Box 16085

Pittsburgh, PA 15242