

**SOUTH DAKOTA SOCIETY OF RADIOLOGIC
TECHNOLOGISTS**

EXHIBIT REGISTRATION FORM

Please complete this form **IN ITS ENTIRETY!!!** This information will be used to judge and plan space for the display of exhibits at the annual meeting.

DATE: _____

NAME: _____

ADDRESS: _____

PROGRAM / EMPLOYER: _____

TITLE AND DESCRIPTION OF EXHIBIT:

Please circle one:

Professional level: Student Technologist

Mail registration forms to:

MTI
821 N. Capital
Mitchell, SD 57301
ATTN: LeAnne Messer RT (R)