

REGISTRATION FORM

**North Carolina Association of Radiological Business Managers
2011 Fall Meeting
October 19 -21, 2011**

**The Grand Bohemian
11 Boston Way
Asheville, NC 28803
Reservations (877) 274-1242**

Registration Information:

Name: _____

Practice: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Member Registration: \$100.00 \$ _____

Non-Member Registration: \$100.00 x _____ \$ _____

Thursday night dinner:

Adult Guest \$59.00 # of Guest _____ \$ _____

Children Guest ages 2-10 \$30.00 # of Guest _____ \$ _____

*Evening Entertainment will be provided at the Bohemian Hotel. Details coming soon...

| | |
|-------------------------|----------|
| TOTAL AMOUNT DUE | \$ _____ |
|-------------------------|----------|

Please make checks payable to NCARBM and send to: Jennifer Baggins
Asheville Radiology Associates
PO Box 2679
Asheville, NC 28802
(828)258-9916

We have reserved a block of 35 rooms for October 19th and 20th. The group rate for the rooms is \$189.00 per night. If you would like to stay additional nights that weekend, room rates are \$289 per night for up to seven rooms. Please make your room reservations by September 26th.

Have you made hotel reservations? Yes _____ No _____
Will you be attending the reception on Wednesday, Oct 19th? Yes _____ No _____
Will you be attending dinner, etc. on Thursday, Oct 20th? Yes _____ No _____