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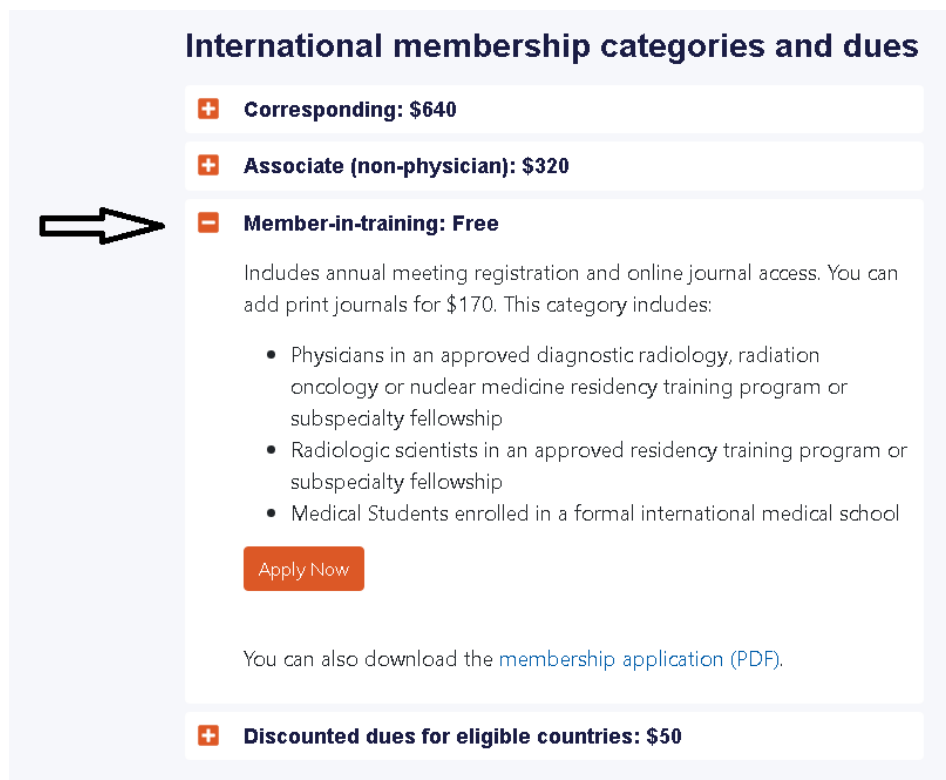
FEDERACIÓN ARGENTINA DE ASOCIACIONES DE RADIOLOGÍA,
DIAGNÓSTICO POR IMÁGENES Y TERAPIA RADIANTE

Membresía RSNA para Residentes y Fellows

Seguir los siguientes pasos:

1 - Entrar a este link: <https://www.rsna.org/membership/join-rsna>

2 - Ir a apply now en Member in Training: free en International Membership Categories and dues.



International membership categories and dues

- + Corresponding: \$640**
- + Associate (non-physician): \$320**
- Member-in-training: Free**
Includes annual meeting registration and online journal access. You can add print journals for \$170. This category includes:
 - Physicians in an approved diagnostic radiology, radiation oncology or nuclear medicine residency training program or subspecialty fellowship
 - Radiologic scientists in an approved residency training program or subspecialty fellowship
 - Medical Students enrolled in a formal international medical school[Apply Now](#)
You can also download the [membership application \(PDF\)](#).
- + Discounted dues for eligible countries: \$50**


3 - Luego hacer click en el cuadro



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International Training/Student Membership



Training & Student

FREE

Includes annual meeting registration and online access to our 5 journals. Print journals can be added for \$170. This category includes:

- Physicians in an approved diagnostic radiology, radiation oncology or nuclear medicine residency training program or subspecialty fellowship
- Radiologic scientists in an approved residency training program or subspecialty fellowship
- Medical students enrolled in a formal international medical school

[View More](#)

[Join](#)

4 - Poner su dirección de email

International Training/Student Membership

Tell us about yourself

Providing your information is the first step towards creating an account, becoming a member.

* Required

* Email Address:

We will check our records so we can save your time if you have interacted with us before.

[Continue](#)

5 - Completar datos para crear tu usuario y hacer click en next



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Tell Us About Yourself Membership Details Make a Bigger Impact

International Training/Student Membership

Tell us about yourself

Providing your information is the first step towards creating an account/becoming a member.

* Required

Email Address: fontito@hotmail.com

* Email Location: Main

* First Name:

* Last Name:

* Country: United States [Change](#)

* Address Type: Office

Job Title:

Company Name:

* Address 1:

Address 2:

* City:

* State: Select

* Zip:

* Phone: - - Ext.

Username: fontito@hotmail.com

* Password:

* Confirm Password:

Next Cancel

6 - Continuar - next

Tell Us About Yourself Membership Details Make a Bigger Impact

International Training/Student Membership

Welcome back

Primary Contact Information

[Edit](#)

Phone: [Edit](#)
Email: [Edit](#)

Next Cancel

7 - Continuar - next



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Tell Us About Yourself 1 Membership Details 2 Make a Bigger Impact 3


International Training/Student Membership

Demographic

Birthdate

Month: Day: Year:

Job Title:

 [Next](#) [Cancel](#)


8 - Continuar - next

International Training/Student Membership

Includes annual meeting registration and online access to our 5 journals. Print journals can be added for \$170. This category includes:
Physicians in an approved diagnostic radiology, radiation oncology or nuclear medicine residency training program or subspecialty fellowship
Radiologic scientists in an approved residency training program or subspecialty fellowship
Medical students enrolled in a formal international medical school
[View More](#)

Included with this Membership:

RSNA Newsletter	<input type="checkbox"/> Opt Out	FREE
RadioGraphics Online	<input type="checkbox"/> Opt Out	FREE
Radiology Online	<input type="checkbox"/> Opt Out	FREE
Radiology: Artificial Intelligence	<input type="checkbox"/> Opt Out	FREE
Radiology: Cardiothoracic Imaging	<input type="checkbox"/> Opt Out	FREE
Radiology: Imaging Cancer	<input type="checkbox"/> Opt Out	FREE

 [Next](#) [Cancel](#)

Your Membership

Training & Student
FREE

Effective:
1/1/2022 - 12/31/2022

I want to auto-renew my membership and authorize that my credit card be charged prior to the start of membership each year.

Subtotal: **FREE**
Amount To Pay: **FREE**

Final pricing, including any available promotions and/or coupons, will be calculated at checkout.

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Optional Items

3D Printing Special Interest Group Dues

Help promote 3D printing for medical applications via education, research and collaboration
Provide physicians and allied health scientists with optimized education and research programs
Assist in developing quality standards for 3D printing

- \$40.00 USD
 Not applicable

Radiology & RadioGraphics Optional Print Journals - Training

(Print will start with the next published issue and will expire in December)

- \$170.00 USD
 Not applicable

RSNA R&E Foundation Donation



Thank you for funding radiology's future! Please click the Donate Now button below to make your donation today or set up a recurring monthly donation. If you would like to set up alternative payment options or have any questions about your donation, please contact Linda Flo, Manager of Fund Development, at (630) 590-7773 or lfo@rsna.org. Thank you for your support!

A monthly gift of \$125 qualifies you for [Presidents Circle donor benefits](#).

A monthly gift of \$25 qualifies you for access to the [Donor Suite](#) during the RSNA annual meeting.

Your first month's amount will be charged today and on the first business day of each month thereafter.

- \$300.00 USD
 \$500.00 USD
 \$1,000.00 USD
 \$1,500.00 USD
 \$2,500.00 USD
 \$5,000.00 USD
 Enter an Amount:
 Not applicable

- I want to auto-renew my membership and authorize that my credit card be charged prior to the start of membership each year.

Subtotal: FREE
Amount To Pay: FREE

Final pricing, including any available promotions and/or coupons, will be calculated at checkout.



[Sign Me Up](#)

[Cancel](#)

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Address Information 1 2 Item Summary


Payment 3

Billing Address

Please verify your billing information.

[Redacted Address]

Argentina



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Address Information 1 2 Item Summary


Payment 3

International Training/Student Membership <ul style="list-style-type: none">January 01, 2022 - December 31, 2022RSNA NewsletterRadioGraphics OnlineView More	Total Free
--	---------------

Summary

Items (1):	Free
Tax:	\$0.00
Shipping:	\$0.00
Add Coupon or Promo Code:	
<input type="text"/>	<input type="button" value="Apply"/>

TOTAL:	Free



12 - hacer click en complete orden



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Billing Address:		Summary	
[Redacted]		Items (1):	Free
[Redacted]		Tax:	\$0.00
C1425BEE BA CIUDAD DE BUENOS AIRES		Shipping:	\$0.00
Argentina		-----	
		TOTAL:	Free
		Complete Order	
Previous	Complete Order		

Thank You! | Reference Number: [8001959904](#)

A receipt will be sent to the primary email address on file within 15 minutes. Receipts can also be accessed by going to the 'My Account' page, accessible in the drop down menu at the upper right corner (by clicking your name). Once there, click the 'Payments' link and change the date range to All to see paid orders.

13- Luego de unos días les llegara un email con un formulario (como se muestra a continuación) que debe completar y firmar el director de su residencia o fellow.



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RADIOLOGICAL SOCIETY OF NORTH AMERICA
820 JORIE BLVD, SUITE 200, OAK BROOK, IL 60523
TEL 1-630-571-2670 FAX 1-630-571-7837
RSNA.ORG



RADIOLOGICAL SOCIETY OF NORTH AMERICA PROGRAM VERIFICATION

Email or fax completed verification form to RSNA Customer Service & Membership Management at customerservice@rsna.org or 630-590-7712 (fax).

NAME & INSTITUTION

The following individual is currently enrolled in medical school or formal radiologic training program:

Full Name (*print*): _____

Academic degree(s): _____

Name of institution: _____

PROGRAM TYPE

- Medical School
 Internship
 Residency (indicate residency program type)
 Diagnostic Interventional Nuclear Medicine Radiation Oncology
 Fellowship (indicate fellowship program type)
 Diagnostic Interventional Nuclear Medicine Radiation Oncology

Graduate Studies Program, area of study: _____

Research Fellowship, area of study: _____

PROGRAM DATES

Begin date: [month/day/year] ____ / ____ / ____

Anticipated completion date: [month/day/year] ____ / ____ / ____

VERIFICATION

Program director or coordinator must verify that individual is enrolled in medical school or formal radiologic training program by printing and signing below:

Printed name of director or coordinator of current program

X _____
Signature of director or coordinator of current program

RSNA Customer Service and Membership Management
Phone: 630-571-2670 | 1-800-381-6660 (Toll Free, US & Canada)