



# AIRP® International Registration Form

**REGISTRANT:**

Note: Required fields are highlighted in red.

First Name:

Middle Initial:

Last Name:

Degree (MD, PhD, etc.):

Name of Residency Program:

The following is my:

Business Address

Home Address

Address:

Address 2:

City:

State/Province:

Postal Code:

Country:

**Contact Information:**

Country Code:

Telephone:

Country Code:

Fax:

Email Address:

Date of Birth:

Birth date is used to uniquely identify you in our database.

**Course Selection: All courses are virtual unless indicated otherwise**

<b>2023</b>	2/6–3/3	3/13–4/7 (in person) 3/13–4/7 (livestream)	7/24–8/18	9/11–10/6 (in person)	10/16–11/10
<b>2024</b>	2/5–3/1	3/11–4/5 (in person) 3/11–4/5 (livestream)	7/29–8/23	9/9–10/4 (in person)	10/21–11/15

**Registration Fees:**

	2023	2024
Resident/Fellow	\$2,100	\$2,150
Resident/Fellow (Non-radiologist)	\$2,250	\$2,300
Practicing Physician (ACR® member)	\$2,900	\$2,950
Practicing Physician (Non-member)	\$3,150	\$3,200
Active-Duty Military, VA and USPHS	50% off applicable rate	50% off applicable rate

**Special Discount**

You are eligible for

**25% off**

listed price on registration.

All registration fees are in U.S. dollars.

## Late Registration

Registration fee must be paid within seven days of submitting this form. A \$300 late fee will be applied to registrations made less than 30 days prior to the start of a **four-week** course.

## Transfer Policy

Transfers are permitted; however, a \$100 administrative fee will be assessed for transfers of any kind made up to two weeks prior to the course. Transfers made less than two weeks prior to the course will not be permitted.

## Cancellation/Refund Guidelines

Cancellations must be received in writing:

- Cancellations less than 30 days prior to the start of **any course** and "no-shows" will be given no refund.
- Cancellations more than 30 days prior to the start of a **four-week** course will receive a refund less a \$300 fee.
- Cancellations more than 30 days prior to the start of a **one-week** course will receive a refund less a \$100 fee.

### Please select one of the following payment methods:

Call with credit card information: 703-648-8900 and ask for ext. 5048.

If in the United States, call 800-227-5463. Do not send credit card information via email.

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Check made payable to the ACR

Send your remittance to:

ACR — AIRP  
Attn: AIRP Course Registration  
1891 Preston White Drive, Reston, VA USA 20191-4397

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Wire Transfer

All registration fees must be paid in U.S. dollars.

1) Incoming Wire Transfer Procedures (International or Domestic):

PLEASE REMIT IN U.S. DOLLARS AS FOLLOWS:

Bank of America  
Wire Transfer Department  
Gateway Center  
901 West Trade Street  
Charlotte, NC 28255-0001  
US Swift Code: BOFAUS3N  
ABA #0260-0959-3  
Account of: American College of Radiology  
Account No: 4350-2907-9098 of Northern Virginia

2) Indicate the name of the remitter on the transfer and identify what is being paid. Please include your invoice number.

3) International wires must use both the Swift Code and ABA number for proper routing of the transfer.

Please include a copy of this registration form with your payment.