Dues Form MIRS – 2008

This information is collected for use by MIRS officers only and will not be shared with anyone outside of this organization.

Member name:

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(Last name) (First name) (M.I.)

☐ MD ☐ DO ☐ RT ☐ RN ☐ NP ☐ PA ☐ Corporate: _____

Mailing Address: _____

City/State/Zip: _____

Daytime Phone: _____

Hospital Affiliation: _____

E-mail Address: _____
(*MIRS program updates will be sent via e-mail*)

Yearly Dues:

☐ Physician $150.00

☐ Non-Physician $60.00

☐ Fellow / Resident / Medical Student (free)

☐ Corporate (General Membership) $1200.00 (Allows multiple representatives to attend)

☐ Corporate (Restricted Membership) $600.00 (Allows 1 representative to attend)

Please mail dues form and check made payable to "MIRS" to:

Attn: John Lieblong
Associated Radiologists LTD
PO Box 1030
Jonesboro, AR 72403

Do you plan on attending the:

Fall Meeting (10/25/08 thru 10/26/08) ☐ Yes ☐ No ☐ Don't know

Questions should be directed to John Liebong (*no phone calls please*): **john@lieblong.com**