

New York State Society of Radiologic Sciences, Inc.

2023 Poster Submission Form

Topic/Type: _____

Name: _____ E-Mail: _____

Name: _____ E-Mail: _____

Name: _____ E-Mail: _____

School: _____ Tel# _____

Address: _____

To be completed by Program Director:

This applicant is enrolled as a student in the accredited educational program identified above.

Program Director – PRINT

Tel# _____

Program Director Signature

E-Mail: _____

NOTE: A copy of a current NYSSRS membership card, confirmation form from on-line membership, OR a completed application with a check payable to NYSSRS, Inc must accompany this form in order for it to be processed.

Please submit this form attached to the back of your poster with proof of membership or check **at the conference by 8 am, Friday November 3, 2023.**

For more information:

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