

ISCD Conference on Skeletal Health Assessment

Registration Fees & Deadlines

| Attending In Person | Attending Virtually via Zoom | | | | | | |
|---|------------------------------|---|--|--|--|--|--|
| Payment must be received by ISCD by the Dates indicated: | | Early Registration Rate Ends 1/16/25 | Standard Registration Rate Starts 1/17/25 | | | | |
| ISCD Conference on Skeletal Health Assessment: February 20 – 22, 2025 | | | | | | | |
| Full Member | | \$800 | \$900 | | | | |
| Professional | | \$900 | \$1000 | | | | |
| Community Member | | \$1000 | \$1100 | | | | |
| Non-Members | | \$1100 | \$1200 | | | | |

| First and Last Name: | |
|---------------------------|--|
| Professional Designation: | Job Title: |
| Company Name: | |
| Email Address: | |
| Primary Address: | |
| City: | State: Zip |
| Country: | |
| Primary Telephone: | Please indicate one of the following: WORK HOME CELL |

| METHOD OF PAYMENT | | | | | | | | | | |
|--|------------|-----|-------------------------|------------|----------|------|--|--|--|--|
| Check (Payable to ISCD in US dollars drawn on a US Bank) Check # | | | Amount of Payment: US\$ | | | | | | | |
| Visa | Mastercard | Ame | erican Express | | Discover | | | | | |
| Card Holder's | | | Card Holder's | | | | | | | |
| Name | | | Signature | | | | | | | |
| Credit Card # | | | | Exp. Date: | | CVV# | | | | |
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Fax completed form to ISCD at +1-860-259-1030, Email to education@ISCD.org, or mail to the address below.

Please contact education@ISCD.org with any questions or concerns.



INTERNATIONAL SOCIETY FOR CLINICAL DENSITOMETRY

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