

**South Carolina Society of Radiologic Technologists
Scientific Presentation and/or Exhibit**

APPLICATION for Competition

I wish to submit an application for competition at the SCSRT Annual Meeting

NAME: _____

ADDRESS: _____

TELEPHONE: (H or C) _____ (W) _____

Email: _____

Place of Employment : _____

Title of Presentation: _____

Title of Exhibit: _____

Circle the option(s) below that apply:

I wish to enter the competition for (circle): **Presentation** **Exhibit**

I am entering the competition as a: **Student** **Registry-eligible Technologist**
Registered Technologist

I have read the guidelines for the presentation and/or exhibit competition and agree to abide by the guidelines. I am a current Active, Associate, or Student member of the SCSRT (please include a copy of SCSRT membership card with application submission).

Signature of Applicant: _____ DATE _____

Applications must be received by March 1, 2024, – via email to the current Chair of the Scientific Survey Committee.

LaKeitha Williams, at kelanorris@aol.com

Late or incomplete applications will be disqualified.

Office Use Only:

Date application was received: _____