## New Jersey Society of Radiologic Technologists



# 2018 Annual Meeting

RESORTS CASINO-HOTEL

Atlantic City, NJ

April 25th - April 26th, 2018

With this packet you can
Renew Your Membership
and
Register for the Annual Meeting
at www.njsrt.org

#### Greetings!

It's Annual Meeting time! This year's two day meeting again offers educational opportunities to help you fulfill your educational commitment for registry renewal. Plans have been made to host the meeting at the Resorts Casino-Hotel in Atlantic City, NJ on Wednesday, April 25th and Thursday, April 26th, 2018.

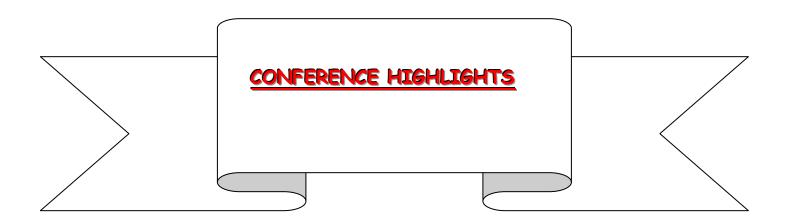
We are pleased to bring a diverse selection of quality educational courses to enhance your understanding of modern technology within our profession. Plan now to join us for this rewarding educational endeavor! See you there.

Parsha Hobson, M.P.A., R.T. (R)
President & Conference General Chairman

Denise Vill'Neuve, M.A., R.T. (R)(CT)(M) Education Program Coordinator

#### PRE-REGISTRATION POLICIES

- 1. The deadline for <u>PRE-REGISTRATION</u> for this meeting is **April 19**, **2018**. The <u>ROOM RESERVATION</u> at the **Resorts Casino link** <u>https://meetatresortsac.com/vnjsr8/</u> is open. **Make your reservation ASAP!!!!!**
- 2. Those wishing to register as MEMBERS must be members of the NJSRT. There is a \$50 membership fee for those wishing to join after April 19, 2018. Attendees living and working in states other than New Jersey, who are not members of the NJSRT, may register at the membership rate provided they submit a current membership card from their own state society with their pre-registration application. Technologists not meeting this requirement will be charged the non-member rates.
- 3. Your NJ License does NOT mean you are a member of the NJSRT
- 4. Registrants will not be admitted to any NJSRT function without an authorized identification badge. An additional handling charge of \$25.00 will be charged if a replacement badge is needed.
- 5. Cancellation Policy: Requests for a refund must be made in writing and must be postmarked by April 19, 2018. Emergency situations occurring after April 19th will be evaluated by the NJSRT on an individual basis. In all cases a \$50 processing fee will be charged.
- 6. On-site registration and registration postmarked after April 19, 2018 will be charged \$50 processing fee.
- 7. Hotel reservations must be made directly with the hotel. To be included in the Society hotel block, you MUST mention that you are with the NJSRT Conference to receive the discounted rate. Failure to register as a conference attendee may cause cancellation of your hotel reservation 24 hours prior to the conference.



The following is a small sample of the program we have prepared:

CONFIDENCE: Do we have enough?

'REMIND': To Engage and Assess Students

MR Safety

Computed Tomography Registry Review Topics

Technical Factor Selection in the Digital Age

Injury Prevention for the Healthcare Professional

Professional Life-The Next Frontier

Radiographic Pathology for the Radiographer

Dose Creep

Forensic Radiography and Trauma

\*\*NOTES: CT Registry Review is scheduled for Wednesday, April 25, 2018.

The above topics are subject to change without notice.

#### SOCIAL EVENTS

Ice Breaker Reception - Pre-Registration Badge Pick-up
Tuesday Evening - April 24, 2018
Lite Refreshments
7:00pm

See details on the announcement Board in the Hotel Lobby

2018 EMMA WOLFE Memorial Student Competition Wednesday - April 25, 2018 at 5:00pm

Award Luncheon - Thursday, April 26, 2018

#### EMMA WOLFE MEMORIAL STUDENT COMPETITION

#### \*\*\*\*\* ATTENTION ALL STUDENTS \*\*\*\*\*

Join in the fun and compete with your friends in the 2018 Student Bee! The competition will be held at the Annual Meeting on Wednesday evening, April 25, 2018. Any student may participate provided they pre-register for the event and are student members of the NJSRT.

There are two ways to register to participate. You may either submit the form below with your conference registration fee and participate at no additional charge **OR** mail the form on page 5 of this booklet with a \$25.00 Bee registration fee.

Awards will be presented to the first, second and third place students!

### THERE WILL NOT BE ON-SITE REGISTRATION FOR THE STUDENT BEE.

#### BEE REGISTRATION FORM

# ☐ Yes, please register me for the 2018 EMMA WOLFE MEMORIAL STUDENT COMPETITION in Atlantic City on Aril 25, 2018 at 5:00pm!

Name:	NJSRT Member -Yes No	
Address:	Daytime Phone:	
City:	State: Zip:	
School:	Program Director:	
I am registered for	the NJSRT Annual Meeting. (No additional fee required)	
	for the Annual Meeting but would like to participate in the competitio	n.
Enclosed is my \$2	5.00 entry fee.	

### INCLUDE THIS FORM WITH YOUR ANNUAL MEETING REGISTRATION Or

If not attending the whole meeting <u>MAIL</u> this form and fee by <u>April 19, 2018</u> to:

NJSRT Student Bee Registration

PO Box 4723

Clifton, NJ, 07015

#### HOTEL RESERVATION FORM

NJSRT Annual Meeting RESORTS CASINO Hotel Atlantic City, NJ

DEADLINE: Reservation requests must be received by the hotel no later than April 13, 2018

PLEASE CALL THE HOTEL OR GO ONLINE TO THE LINK BELOW FOR RESERVATIONS

PHONE: 888-797-7700 CODE: VNJSR8

ONLINE: <a href="https://meetatresortsac.com/vnjsr8/">https://meetatresortsac.com/vnjsr8/</a>

Each individual must identify themselves with New Jersey Society of Radiologic Technologists or reference **Group CodeVNJSR8**.

A deposit for one night is required - Major credit cards accepted

Please note the rate quoted is \$65/night single or double and is subject to 14% state and local taxes, and a \$5.00 per room night occupancy fee will also be included. If your institution is sales tax exempt ask the reservations clerk where you should mail or fax the tax exempt form PRIOR TO arrival. Tax exempt forms are NOT accepted at the registration desk upon arrival.

Reservations are now open. Make Your Reservations Early

48 Hour Cancellation Accepted Without Penalty

This means you can cancel by April 21st without penalty and not be charged for the reservation!

Name(s)		
Address		
City/State/Zip	Daytime Phone	
ARRIVAL DATE:	DEPARTURE DATE	
	HOTEL PAYMENT INFORMATION	
Credit Card Info: VI	ISA MC AMEX Other: (specify)	
Card Number	Exp. Date	
Return this form to	: RESORTS CASINO-HOTEL	

Atlantic City, New Jersey 08401

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Check-in time is 4:00pm and check-out time is 11:00am.

TO

#### REGISTRATION CHAIRMAN NJSRT ANNUAL MEETING PO BOX 4723 CLIFTON, NJ 07015

DEADLINE FOR CONFERENCE REGISTRATION:

April 19, 2018

Name	Daytime Phone:
Address	e-mail address:
City/State/Zip	
	ssion to the Tuesday evening Ice Breaker reception with lite refreshments, Al ith breakfast and luncheon both days. Awards will be presented at lunch o
Single day registration includes: All cla	asses on the day of attendance plus breakfast and lunch on that day only.
Please CIRCLE the Day(s)	you plan to Attend: Tues Evening Wed Thurs
TECHNOLOGIST FEES:  Members - 2 days \$20	•
∞∞∞∞∞∞∞∞∞ <u>STU</u> [	DENTS - ONLY - STUDENTS &
Pre-Registration <u>MUS</u>	T be received by April 19, 2018 - REGISTER NOW!
•	e NJSRT or other State professional society?   YES   NOTE: N
STUDENT MEMBERS attending t	the NJSRT Annual Meeting must submit a copy of their NJSRT ship card with this registration form.
•	the state where you are attending school to be eligible for this rate)
PRE-REGIST	TRATION STUDENTS ONLY
2 days\$ 250.	1 day\$150.
PAYMENT: Make check payable	to NJSRT or Choose one of the following Credit Cards:  USA MASTERCARD AMEX
Card Number	CID Expiration date
Signature	Total Enclosed/Charged

### POSTER COMPETITION APPLICATION AND INFORMATION RULES AND REGULATIONS FOR STUDENT SCIENTIFIC POSTER COMPETITION

#### I. STUDENT ELIGIBILITY:

- A. Only those students who are members of the NJSRT at the time of application are eligible to compete.
- B. Students submitting the application must be registered for the Conference.

#### II. POSTER ELIGIBILITY:

- A. Posters may not have been exhibited previously at an NJSRT Annual Conference.
- B. Poster displays must be the original work of student exhibitors and may not have been commercially prepared. Courtesy recognition will not be allowed.

#### III. APPLICATION PROCESS:

- A. All applications for space must be postmarked by April 19, 2018.
- B. The full title of the poster display must be included on the application.
- C. An e-mail address must be included on the application for verification of acceptance.

#### IV. SUBJECT MATTER:

- A. Subject matter is selected by exhibitors and should be pertinent to the Radiologic sciences.
- B. Poster displays should be of general interest and value to radiographers and radiography students from an educational viewpoint. They should demonstrate originality and technical excellence. The display may be supplemented with charts, photos, and technical information as long as these fit within the allotted space
- C. Poster displays may not include text or images that could identify a patient, institution or department.
- D. The layout should consist of an introduction, materials and methods used, data collected and results, where applicable along with discussion and conclusions.

#### V. TITLES:

A. The title submitted on the application must be the same title utilized at exhibit time. Exhibits will be disqualified if title is altered.

#### VI. INSTALLATION:

- A. The total space allotted for any one (1) poster, when placed, shall not exceed 6" D x 4' H x 4' W, this includes the title. The poster must be free standing. Regular poster cardboard consisting of a flat panel back and 2 side boards which bend forward are highly recommended. ALL materials must be mounted on the poster. The poster must not exceed the space allotted, or it will be disqualified.
- B. Placement and dismantling of posters must be completed during the time allotted by the Society. Set-up must be completed by 8am on Wednesday April 25, 2018 and dismantling time is at the completion of the conference on April 26, 2018. No posters will be set-up for competition after the conference opens or dismantled before the official closing time.

#### VII. RESPONSIBILITY:

The exhibitor is responsible for his or her poster display. The NJSRT assumes no responsibility for loss or damage but will take reasonable precautions to assure the security of the poster displays during their exhibition.

#### VIII. JUDGING:

Three (3) judges shall be selected by the Program Chairperson. Only the Program Chairperson shall know the names of the judges. The judges shall be from out-of-state whenever possible and have no affiliation with any school in the competition.

#### IX. JUDGING CRITERIA:

Poster displays are judged according to the following criteria:

- A. <u>Professional/Educational value</u>. The poster provides information of professional and educational value to radiographers and students.
- B. <u>Originality of subject matter</u>: The poster illustrates a new idea or presents information in a new, innovative style.
- C. <u>Technical quality and Creativity</u>: The poster presents material in a neat, well-organized and creative manner.
- D. <u>Presentation:</u> Descriptive materials, photos, graphs, and charts are included. All materials must be part of the exhibit space allotted.

#### X. <u>AWARDS</u>:

All judges scores are totaled and the poster display with the highest point total will receive the  $1^{st}$  place award. The next highest receives the  $2^{nd}$  place award and the third highest score receives the  $3^{rd}$  place award.

Awards will be presented to winners or their designee at lunch on Thursday at the Annual Conference.

#### COMPLETE AND MAIL TO: NJSRT Poster Competition PO Box 4723, Clifton, NJ 07015

### POSTER APPLICATION Must be post marked by April 19, 2018

Name of Exhibitor(s)	Daytime Phone
Address	_ City/State/Zip
e-mail address:	
EXHIBIT TITLE:	<del></del>
Brief Description:	
NOTE: Name of Brasman	

If an exhibit is submitted for competition by a class or group of students, ALL members of the class or group, must be members of the NJSRT and registered for the meeting.

### GEORGENE B. BYRUM RADIOLOGIC TECHNOLOGIST OF THE YEAR AWARD will be awarded prior to the conference.

#### GENERAL TECHNOLOGIST NOTES

All lectures will begin on time. Attendees will be provided with an attendance form that must be stamped at end of <u>each</u> lecture by the moderator. The attendance form will be validated at end of conference at the registration desk by an NJSRT board member. This will be your documentation of CE credits earned. Attendees must be <u>seated</u> by the start time to receive CE credit for their attendance. <u>ASRT</u> does not issue partial credit.

Technologists arriving late or leaving early will not be awarded CE credits for that lecture. Adequate break time is planned in the schedule.

#### **New Jersey Society of**

#### APPLICATION FOR MEMBERSHIP

Radiologic Technologists, Inc.

#### An Affiliate of the American Society of Radiologic Technologists

NAME: MAILING ADDRESS: STREET CITY STATE ZIP E-Mail: \_\_ PHONES: DAYTIME -\_\_\_\_\_ CELL - \_\_\_\_\_ From the following lists please CHECK ALL CREDENTIALS which describe your status as a technologist. Certifications: ARRT -  $\square$ (R)  $\square$  (T)  $\square$  (M)  $\square$  (CT)  $\square$  (MR)  $\square$  (QM)  $\square$  (N)  $\square$  (CIT)  $\square$  RDMS □CNMT □ Other Certifications & Licenses: Enrollment in one PRIMARY chapter is Licenses: □ New Jersey □ New York included in your membership fee. Select the chapter below which represents the MAJORITY of your employment. NOTE: You may attend educational functions/meetings at membership rates in ALL modalities. CARDIOVASCULAR INTERVENTIONAL o MANAGEMENT o EDUCATION COMPUTED TOMOGRAPHY o RADIOGRAPHY o SONOGRAPHY RADIATION THERAPY o MAMMOGRAPHY o DOSIMETRY 0 o NUCLEAR MEDICINE TECHNOLOGIST FEES: New Member – Active/Associate.....\$35. Annual Renewal ......\$25 Active Members are registered and/or licensed technologists actively working within the modalities above. Associate Members are other candidates for membership who do not meet the criteria for active status. CHOOSE ONE: I am requesting membership in the NJSRT as an  $\ \square$  ACTIVE MEMBER  $\ \square$  ASSOCIATE MEMBER EMPLOYER: AREA CODE +PHONE NAME **ADDRESS** Are you a member of the ASRT? ☐ YES ☐ NO \*\*If YES – ASRT Member number: SIGNATURE: DATE: STUDENT FEES: Membership (expires upon graduation/termination)......\$10. SIGNATURE: DATE: EDUCATIONAL INSTITUTION: **Program Official Signature** PROPOSED DATE OF GRADUATION: Credit Card Payment (circle one) VISA / MASTERCARD / AMEX EXP DATE \_\_\_/\_ CID CODE \_\_\_\_Signature \_\_\_\_

Please **PRINT** or **TYPE all** of the following information