

**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](mailto:kelanorris@aol.com)**

*Late or incomplete applications will be disqualified.*

Office Use Only:

Date application was received: \_\_\_\_\_