



MILWAUKEE ROENTGEN RAY SOCIETY

MILWAUKEE, WISCONSIN

September 3, 2020

Dear Milwaukee Roentgen Ray Society Member:

The Milwaukee Roentgen Ray Society offers Southeastern Wisconsin radiologists the opportunity to socialize, network with colleagues, and earn CME credits. The society's purpose is to provide updated medical knowledge to enrich and engage our local radiology community.

The 2020-2021 clinical lecture dinner meetings will be held on the following dates:

**Wednesday, October 14, 2020 – Annual Business Meeting**

**Wednesday, November 11, 2020 – Educational Speaker Meeting**

**Wednesday, January 13, 2021 – Educational Speaker Meeting**

**Wednesday, February 10, 2021 – Educational Speaker Meeting**

All meeting registrations are conducted online: [please be sure we have your correct email.](#)

Enclosed is a dues notice, payable now at the start of the 2020-2021 meeting season. Note the MRRS accepts bundled payments for Radiology Groups. Those of you in a group practice should contact your group secretary or accountant for submitting a bundled dues payment.

New MRRS members are always welcome. Membership requires sponsorship of two current members in good standing; the membership application is available online at: [www.mrrs.org](http://www.mrrs.org)

We look forward to seeing you soon.

Sincerely,

Desai Paresh, MD, President

Eric Blaschke, Vice President & Secretary/Treasurer



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MILWAUKEE, WISCONSIN

# INVOICE

**Milwaukee Roentgen Ray Society  
Membership Dues 2020-2021  
\$200.00**

Dear Member,

Bundled payments are now in effect so members that are in a group practice should submit their invoice to the practice secretary or accountant. Corporation checks should specify to which radiologist(s) the payment applies.

Please remit this amount by check made out to Milwaukee Roentgen Ray Society to:  
**Secretary/Treasurer, Eric Blaschke, MD, 1120 Egan Rd, Brookfield, Wi 53045**

Membership Dues are payable at the start of the 2020-2021 Season.

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**Milwaukee Roentgen Ray Society Dues \$200.00**

Physician \_\_\_\_\_ Address Change \_\_\_\_\_

E-mail \_\_\_\_\_

Name of Group/Hospital Affiliation \_\_\_\_\_

Name and address of account manager for future invoices. \_\_\_\_\_