



MILWAUKEE ROENTGEN RAY SOCIETY

MILWAUKEE, WISCONSIN

September 21, 2021

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 2021-2022 clinical lecture meetings will be held on the following dates:

Wednesday, October 12, 2021 – Annual Business Meeting

Wednesday, November 10, 2021 – Educational Speaker Meeting

Wednesday, January 12, 2022 – Educational Speaker Meeting

Wednesday, February 9, 2022 – 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 2021-2022 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

We look forward to seeing you soon.

Sincerely,

Eric Blaschke, MD, President

Stacy O'Connor, MD, Vice President

Stephanie Vincent-Sheldon, MD, Secretary/Treasurer



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MILWAUKEE, WISCONSIN

INVOICE

Milwaukee Roentgen Ray Society
Membership Dues 2021-2022
~~**\$200.00**~~ **reduced rate \$100.00**

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, Stephanie Vincent-Sheldon, MD, 2620 Willow Spring Drive, Brookfield, WI 53045

Membership Dues are payable at the start of the 2021-2022 Season.

Milwaukee Roentgen Ray Society Dues ~~**\$200.00**~~ **reduced rate \$100.00**

Physician _____ Address Change _____

E-mail _____

Name of Group/Hospital Affiliation _____

Name and address of account manager for future invoices. _____