



MILWAUKEE ROENTGEN RAY SOCIETY

MILWAUKEE, WISCONSIN

September 5, 2019

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 2019-2020 clinical lecture dinner meetings will be held at Westmoor Country Club in Brookfield, WI on the following dates:

Wednesday, October 9, 2019– Annual Business Meeting

Wednesday, November 13, 2019 – Educational Speaker Meeting

Wednesday, January 8, 2020 – Educational Speaker Meeting

Wednesday, February 12, 2020 – 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 2019-2020 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,

Ian Weissman, DO, President

Desai Paresh, MD, Vice President

David Baugh, MD, Secretary/Treasurer



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MILWAUKEE, WISCONSIN

INVOICE

Milwaukee Roentgen Ray Society
Membership Dues 2019-2020
\$150.00

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, David Baugh, MD, 2918 N. 69th Street, Milwaukee, WI 53210

Membership Dues are payable at the start of the 2019-2020 Season.

Milwaukee Roentgen Ray Society Dues \$150.00

Physician _____ Address Change _____

E-mail _____

Name of Group/Hospital Affiliation _____

Name and address of account manager for future invoices. _____