



“Wild about Radiology”
MSRT 86th Annual Conference
Buzz Bowl 2018

Application Form

Name of Institution: _____

Street Address: _____

City, State, Zip _____

Type of Accredited Radiology Program

Hospital Based _____

Community College or University _____

Type of Degree: Associates Degree (AS) _____ Bachelors Degree (BS) _____

Educational Coordinator/Coach _____

Email: _____

Buzz Bowl Coach: _____

Email: _____

Team Captain: _____

Email: _____

Please note: All Students, Buzz Bowl Coaches & Educational Coordinators participating in Buzz Bowl must be current members of the MSRT.

Signature of Educational Coordinator _____

Signature of Buzz Bowl Coach _____

Signature of Team Captain _____



MSRT Buzz Bowl 2018 Team Roster



Name of School: _____

Team Members

1. _____

2. _____

3. _____

4. _____

Alternates:

5. _____

6. _____

7. _____

8. _____

*Application must be received by **February 26, 2018**. If you are unable to include the \$100 application fee prior to the deadline, please enter PO# in the space below. Please make checks can be made payable to the MSRT. If you need an invoice to process the payment, please contact the MSRT office.*

PO# _____