



Association of Administrators in Academic Radiology

## **AAARAD Fall Conference Fairmont Olympic Hotel Seattle, Washington**

### **Monday, October 12, 2015**

4:30 PM – **AAARAD Board Meeting**

7:00 PM – **Casual Dinner**

### **Tuesday, October 13, 2015**

7:30 AM - 8:30 AM - **AAARAD Registration & Breakfast**

8:30 AM - 8:45 AM - **Welcome & Introductions**

8:45 AM - 9:45 AM - **New Quality Metrics for Radiology (work group)**

9:45 AM - 10:15 AM – Break & Networking

10:15 AM - 11:15 AM - **Academic RVU (work group)**

11:15 AM - 12:00 PM - **Hot Topics Brainstorming**

12:00 PM - 1:30 PM - **LUNCH & Business Meeting**

1:30 PM - 2:30 PM - **Clinical Decision Support – Lifting the Gag Order**

2:30 PM - 3:00 PM - Break & Networking

3:00 PM - 4:00 PM - **Hot Topics Discussion I**

**6:30 PM Dinner Sponsored by AAARAD – Awards & Recognition Ceremony**  
*The Seattle Aquarium*



## **Wednesday, October 14, 2015**

7:30 AM - 8:30 AM - **AAARAD Registration & Breakfast**

8:30 AM - 9:30 AM - **Strategy – Developing the New Year Direction**

9:30 AM - 10:30 AM – **Social Media and Website (work group)**

10:30 AM - 11:00 AM – Break & Networking

11:00 AM - 12:00 PM – **Succession Planning**

12:00 PM – 1:30 PM – **LUNCH**

1:30 PM - 2:30 PM – **Expansion and Joint Ventures**

2:30 PM - 3:45 PM – **Hot Topics Discussion II**

3:45 PM - 4:15 PM – **Closing Discussion**

**6:00 PM AAARAD Reception**

**The Edgewater**



**SCARD Thursday, October 15 – Saturday, October 17**  
Separate Registration Required



**The Fairmont Olympic Hotel – Seattle Washington**

<http://www.fairmont.com/seattle/>

# AAARAD Fall 2015 Registration Form

## October 13 – 14, 2015

### Conference Fee \$400

***Hotel Registration Information for The Fairmont Olympic Hotel is included in the SCARD Brochure. You will need to register for both meetings if you plan to attend the SCARD Sessions.***

Full Name: \_\_\_\_\_

Preferred Name on Badge: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

FAX: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_ I plan to attend the optional dinner on Monday night. (bill will be individual)  
We need to make reservations, so please let us know if you and/or a guest plan to attend.

\_\_\_ I plan to bring a guest to the casual dinner on Monday night. Guest's name: \_\_\_\_\_

\_\_\_ I plan to attend the AAARAD dinner on Tuesday night. (There is no additional fee.)

\_\_\_ I plan to bring a guest to the AAARAD dinner on Tuesday night. (There is no additional fee.)

Guest's Name: \_\_\_\_\_

**Please return this registration form and your registration check payable to AAARAD (Tax ID# 51-0607732) in the amount of \$400 by September 12, 2015 to:**

Mary Bobel  
826 Lincoln Ave  
Palo Alto CA 94301  
[mbobel@radiology.bsd.uchicago.edu](mailto:mbobel@radiology.bsd.uchicago.edu)  
phone: 650-796-3618

**NOTE: You can pay the conference registration fee via PAY PAL on the AAARAD website [www.AAARAD.org](http://www.AAARAD.org) but please send this form as well**