

**Atlanta Society of Radiologic Technologist Talent Sheet**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**Are you a member of:**

**AtlSRT:\_\_\_\_\_\_\_ GSRT:\_\_\_\_\_\_\_\_\_ ASRT:\_\_\_\_\_\_\_\_\_\_\_\_**

**Area of Practice:**

**Radiography:\_\_\_\_\_\_\_\_\_ CT Scan:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MRI:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ultrasound:\_\_\_\_\_\_\_\_\_\_\_**

**Vascular Interventional:\_\_\_\_\_\_\_\_\_\_\_ Cath Lab:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Educator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Things you would like to assist the AtlSRT in the future.**

**Member of the Board:\_\_\_\_\_\_\_\_\_\_\_**

**Member of Committee on Nominations:\_\_\_\_\_\_\_\_\_\_**

**Member of Student/Radiographer Meeting Committee:\_\_\_\_\_\_\_\_\_\_**

**Speak at a meeting:\_\_\_\_\_\_\_\_\_\_\_**

**Please return to:**

Teresa W. Wynn RT(R)(CT) Chair of Nominating Committee.

Twwrtct89@gmail.com

Or any Atlanta Society Board member