

# Cardiac MRI Workshop

## REGISTRATION

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Last Name	First Name	Degree (MD, RN, RT)
Name of Hospital / Practice /Company		Title
Mailing Street Address	This is a <input type="checkbox"/> Business <input type="checkbox"/> Home	
City	State/Province	Zip Code
Office Phone	Office Fax	E-mail Address

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### 2010 Dates

**June 4-6**  
**Oct 15-17**

### Registration Fee

- Physician: \$2,500
- Technologist: \$1,250

### Occupation

- Cardiologist
- Radiologist
- Technologist
- Other \_\_\_\_\_

### Send Payment or Fax to:

**Cindy Comeau**  
Advanced Cardiovascular Imaging  
62 East 88th Street, Lower Level  
New York, NY 10128  
(212) 369-5048 (FAX)

Your signature authorizes your credit card to be charged for the total payment due. The Cardiac MRI Workshop reserves the right to charge the correct amount if different from the total listed.

### Cancellation Policy

Cancellations must be received in writing. A \$100 processing fee will be applied to all refunds received in writing 60 days before the start of the workshop. No refunds can be made fewer than 60 days before the start of the workshop. Please address correspondence to:

**Cindy Comeau**  
Advanced Cardiovascular Imaging  
62 East 88th Street, Lower Level  
New York, NY 10128

### Payment Type (check one)

- Check Enclosed
- Credit Card

*Please make checks payable to:*

**Radiology Consultant, PC**

Mastercard, Visa, American Express, etc

Cardholder Name

Card Number

Expiration Date (Month/Year)

Today's Date

Cardholder Signature