

GENERAL REGISTRATION

February 27 – March 1, 2016

PLEASE PRINT INFORMATION CLEARLY. NAME BADGES WILL BE MADE FROM THIS INFORMATION.

NAME: _____

ADDRESS: _____

EMAIL ADDRESS (if available): _____

TRAINING PROGRAM: _____

PROGRAM DIRECTOR: _____

EMPLOYER (if applicable): _____

CITY AND STATE: _____

REGISTRATION FEES – 3 ½ DAYS (Check All That Apply)

STUDENTS: _____ \$80.00

EDUCATORS: _____ \$175.00; RADIOGRAPHERS, R.T.'s & OTHERS: _____ \$175.00

Daily Registration

STUDENTS: _____ \$60.00

EDUCATORS: _____ \$88.00; RADIOGRAPHERS, R.T.'s & OTHERS: _____ \$88.00

WHEN COMPLETED, MAIL GENERAL REGISTRATION FORM, ALL WORKSHOP FORMS AND CHECK TO:

**Seminar Operations Manager
P.O. Box 78985
Atlanta, GA 30357-2985**

(Make checks payable to: ATLANTA STUDENT SEMINAR)

**NO REFUNDS AFTER FEBRUARY 8, 2016!!!
Request for refunds MUST be made in WRITING and received by 02/08/2016 – NO EXCEPTIONS!**