Registration Form

Final Tune-Up for Written Board Examination:

Physics and Radiobiology Review

August 28-30, 2009

Registration Fee: $475 (Late Fee: $550 if received after August 9, 2009)

Name ____________________________________________ (as you wish it to appear on your badge and certificate)

Daytime phone ________________________________ email __________________________

Address _____________________________________________________________________

City, State, Zip ________________________________________________________________

County ______________________________________________________________________

School or Hospital Affiliation _________________________________________________

Do you have special requirements? ☐ Yes ☐ No

If yes, you will be contacted by our staff to see how we can assist.

☐ Check enclosed (Make payable to “UTHSCSA-Radiology”)

Telephone registrations will also be accepted. Call (210) 567-5550 or FAX (210) 567-5541.

Mail to:
The University of Texas Health Science Center at San Antonio
c/o Loretta Edwards,
Department of Radiology, MC 7800
7703 Floyd Curl Drive
San Antonio, Texas 78229-3900