

GENERAL REGISTRATION

February 20 – 23, 2010

PLEASE PRINT INFORMATION CLEARLY. NAME BADGES MUST 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 Applies)

STUDENTS: _____ \$75.00

EDUCATORS: _____ \$150.00; RADIOGRAPHERS, R.T's & OTHERS: _____ \$150.00

WRITTEN ASSESSMENT EXAMINATION: _____ \$20.00

Daily Registration

STUDENTS: _____ \$50.00

EDUCATORS: _____ \$75.00; RADIOGRAPHERS, R.T's & OTHERS: _____ \$75.00

WHEN COMPLETED, MAIL GENERAL REGISTRATION FORM,

ALL WORKSHOP FORMS AND CHECK TO:

Judith K. Williams - P.O. Box 849

Steinhatchee, FL 32359

(Make checks payable to: ATLANTA STUDENT SEMINAR)

NO REFUNDS AFTER FEBRUARY 15, 2010 !!!!

Request for refunds MUST be made in WRITING and in office by

02/15/2010- NO EXCEPTIONS!