

Radiology in Kyoto, Japan: Scientific / Social Registration

Email Address:

Last Name: M.D. D.O. Dr.

First Name:

Companion Name(s)

Companion Email(s)

Badge Name(s) **(Print all names as you would like them to appear on name badges)**

Address:

City, State/Province:

Zip/Postal Code: Country:

Phone: (home) (work) (mobile)

- | | | |
|---|------------|-----------------------------|
| <input type="checkbox"/> Scientific Registration (before August 15, 2020): | \$2,895.00 | |
| <input type="checkbox"/> Scientific Registration (after August 15, 2020): | \$3,095.00 | |
| <input type="checkbox"/> Plus 5 SAM (Self Assessment M odules) Credits: | \$250.00 | Total: <input type="text"/> |
| <input type="checkbox"/> Social Registration (companion(s)): | \$775.00 | |

There will be no refunds on or after January 15, 2021. Before then there will be a cancellation fee of \$300.00

Payment Method: Visa American Express MasterCard Cheque

Card / Cheque #:

Exp Date: Security Code: Total Enclosed: \$

Authorized Signature:

Please FAX Form to 860-356-0922

Please complete, then print and mail with your check or money order payable to:
Radiology International, Inc., 945 Farmington Avenue, West Hartford, CT 06107, Telephone: 860-225-1700
Or, to pay by credit card fax to: 860.356.0922 or scan and email to nadine@radiologyintl.com