



NATIONAL CME & WORKSHOP ON DIGITAL RADIOGRAPHY

REGISTRATION FORM

1. Name : _____
2. Designation : Doctor Medical Physicist Radiographer/Technologist
 Student ISRT Member Others
3. Official Address : _____

 Ph : _____ Mob : _____
4. Field of work : Conventional Radiography CT MRI
 Interventional Radiology Mammography
 Radiotherapy Nuclear Medicine
5. Permanent Home Address : _____

 Ph : _____ Mob : _____
 E-mail : _____
6. Are you a member of ISRT, please specify your membership No. : _____
7. Mode of payment : By cash DD No & Date : _____
 Bank : _____
8. Food preference : Vegetarian Non-Vegetarian

Date : _____

Signature of the Applicant

(FOR STUDENTS ONLY)

- (a) Name of Institution : _____
- (b) Name of course & Duration : _____
- (c) Name of University or Board : _____

INSTRUCTIONS

- 1) DD s should be drawn from a Nationalised Bank in favour of Finance Secretary, ISRT payable at Cochin.

Category	Before 5th Oct: 2011
Technologists/ Radiographers	Rs : 250/-
Students	Rs : 200/-
Others	Rs : 300/-
ISRT Members	Rs : 200/-

No Spot Registration