2017 Fall Imaging Symposium

School of Medical Imaging
&
RIH Department of Medical Imaging

Saturday, September 30, 2017

□ **Lifespan Registration ($25.00)**
□ **General Registration ($50.00)**

Name: _____

Mailing address: _____

City/ State/Zip: _____

Telephone: _____

Email address: _____

Modality: _____

Employer: _____

Please make checks payable and mail to:
School of Medical Imaging
335R Prairie Avenue
Suite 2A
Providence, RI 02905
1-401-606-8531