



INTRAVENOUS CONTRAST INJECTION PROGRAM 2020

REGISTRATION FORM



DATE: 18th January, 2020

PLEASE FILL IN BLOCK LETTERS

First Name: _____ Last Name: _____

Hospital/Organization: _____

Preferred Mailing Address: _____

Country _____ City: _____

Telephone: (_____) _____ Mobile (_____) _____

Email: _____

Radiographer's Board registration number (if applicable) _____

FEES

1. Down payment for ONLINE DICDATIC (THEORY) to be paid to Ontario Association of Medical Radiation Sciences.....**\$300CAD**
2. Balance payment for PRACTICAL COMPONENT to be paid to the Society of Radiographers of Trinidad and Tobago.....**\$1805TTD**

**Completion of both components are required for certification*

PAYMENT METHOD OPTIONS FOR PRACTICAL

- CASH CHEQUE (Payable to Society of Radiographers of Trinidad & Tobago)
- DIRECT DEBIT to Republic Bank Ltd. Acct #: **340511472601** (send picture of receipt)

MEAL PREFERENCE

- Vegetarian Non-Vegetarian