



Imaging Resources, Inc.

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Radiation Use and Safety

Oregon regulation requires that individuals who operate x-ray equipment must have adequate training in radiation safety. The content of this course has been approved by the State of Oregon, Radiation Protection Services. Imaging Resources, Inc. is licensed by the State of Oregon, Radiation Protection Services to provide this course.

Richard S. Kay, PhD, RT(R)(M), CRadP, MSRP, FASRT of Imaging Resources, Inc. is presenting this certified course in Radiation Use and Safety. This course is presented expressly for veterinary technicians and as a review for veterinarians. Time will be spent on everyday problem solving and participants are instructed in making *usable* technique charts.

A certificate will be issued to each individual upon successful completion of the course.
ALL THREE DAYS MUST BE ATTENDED.

Meeting Location and Dates Portland, Oregon

Clackamas Meeting & Banquet Facility
15815 SE 82nd Dr, Clackamas, OR (Interstate 205 & Exit 12)
A detailed letter with current rules, worksheet, map, directions, and hotel information
will be sent to each registrant

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|---------------------------------|-----------------------|---------------------------------|
| Friday, March 29, 2019 | 8:00 a.m. - 5:00 p.m. | (Lunch Break, Noon - 1:00 p.m.) |
| Saturday, March 30, 2019 | 8:00 a.m. - 5:00 p.m. | (Lunch Break, Noon - 1:00 p.m.) |
| Sunday, March 31, 2019 | 8:00 a.m. - 5:00 p.m. | (Lunch Break, Noon - 1:00 p.m.) |

\$350.00 (this fee does not include meals or lodging)

A completed registration form and payment must be received in our office on or before Mar 22nd - one week prior to the seminar
A late fee of \$50.00 will be added to any registration received after that date

THERE IS NO FEE FOR ANY VETERINARIAN THAT WISHES TO ATTEND THIS COURSE

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|---|--|----------------------------|
| Please mail, fax or email this completed form to Imaging Resources. <i>(please print)</i> | | Portland 03/29/2019 |
| Registration Form - Radiation Use & Safety | | |
| Name(s) 1) _____ | Phone: () _____ | |
| 2) _____ | Fax: () _____ | |
| 3) _____ | Payment: Check__ VISA__ M/C__ AMEX__ Discover__ | |
| | If Credit Card: Account Number: _____ | |
| Employer/Hosp _____ | Card Expires: _____ 3 or 4 Digit Security Code _____ | |
| Address _____ | Name as printed on card: _____ | |
| | Billing Address for Cardholder: _____ | |
| _____ Registrants @ 350.00 each = \$ _____ | Authorized Signature _____ | |
| Email: _____ | You may also pay with PayPal by using the registration form on our website | |