



**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. **Live animal hands-off positioning will be demonstrated clearly and convincingly.** 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

<b>Friday, September 14, 2018</b>	8:00 a.m. - 5:00 p.m.	(Lunch Break, Noon - 1:00 p.m.)
<b>Saturday, September 15, 2018</b>	8:00 a.m. - 5:00 p.m.	(Lunch Break, Noon - 1:00 p.m.)
<b>Sunday, September 16, 2018</b>	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 September 7th - 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**

Please detach at the fold and submit this completed form. Thank you. *(please print)* **Portland 9/14/2018**

**Registration Form - Radiation Use & Safety**

Name(s) 1) _____	Phone: ( ) _____
2) _____	Fax: ( ) _____
3) _____	Payment: Check__ VISA__ M/C__ AMEX__ Discover__
	If Credit Card: Account Number: _____
<b>Employer/Hosp</b> _____	Card Expires: _____ 3 or 4 Digit Security Code _____
<b>Address</b> _____	Name as printed on card: _____
	Billing Address for Cardholder: _____
_____ Registrants @ 350.00 each = \$ _____	Authorized Signature _____
<b>Email:</b> _____	You may also pay with PayPal by using the registration form on our website