

# Radiology Education Days

AT THE PLAZA HOTEL – MARCH 24-25, 2014

## REGISTRATION FORM

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Facility Representing:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**I plan on attending Radiology Education Days:**     March 24                       March 25

**Which program do you plan to attend:**                       Physician Program                       Technician Program

## EXPERIENCE

**How many years have you been doing radiology exams and/or interpreting images:**

**What equipment have you used in the past:** (Select all that apply)

- Plain Film                       Ultrasound                       CT                       MRI  
 Fluoroscopy                       Mammography

**Please return completed registration forms to:**



Rosa Voltaire Damas  
Grace Children's Hospital  
[rvoltaire@internationalchildcare.org](mailto:rvoltaire@internationalchildcare.org)



#38 Delmas 31  
Port-au-Prince, Haiti  
Or call: 509 3798 3818

