DELTA TECHNICAL COLLEGE
Learn today. Earn tomorrow.

Radiology Workshop

Date of Workshop: _____

Name:_____

Address:_____

City:_____ **State:**_____ **Zip Code:**_____

SS#:_____ **Date of Birth:**_____

Home Phone#:_____ **Male:**_____ **Female:**_____

Dental Office:_____

Office Phone#:_____ **Fax#:**_____

Email Address:_____

Please mark one: ☐ **Certification** ☐ **Re-Certification**

Refund Policy:

No refunds will be issued unless cancellation is received three working days prior to the beginning of the workshop.

Registration:

Two days workshops are limited to 16 participants per workshop. One day workshops are limited to 8 participants per workshop. Enrollment will be accepted on a first-come, first pay basis only. Please make checks payable to Delta Technical College in the amount of $150.00 and mail this registration form and your check to:

Delta Technical College
6550 D Interstate Blvd.
Horn Lake, MS 38637

Horn Lake Campus Contact Info:
Phone: (662) 280-1443
Fax: (662) 393-9649

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