

**The PET/CT Training Institute
PET Alternative Eligibility Course
Registration Form**

COURSE DATE:

- Jan.2009
 May, 2009
 Sept. 2009

CONTACT INFORMATION:

Name _____ MD (Other) _____

Place of Employment _____

Work Address _____
Street City State Zip

Work Phone # _____

Email Address _____

COURSE FEE: \$2000: 25% Discount for Cardinal-Health Clients

PAYMENT METHOD (Please select one)

_____ **Credit Card**

- ___ Visa
___ MasterCard
___ Discover
___ AMEX

Card Holder Name _____

Signature _____

Expiration Date _____ Card Number _____

For credit card payments email: tkmarshel@hotmail.com or phone Tim Marshel at (239) 821-0375

_____ **Cardinal-Health Number** (Please provide)

Purchase Order Number: _____

Name of sales representative: _____

Email or mail completed Registration Form to:

The PET/CT Training Institute
c/o Timothy K. Marshel
498 Henley Drive
Naples, Florida 34104
Phone: 239-821-0375
tkmarshel@hotmail.com