

Advanced Radiotherapy Consulting, Inc. (ARC)
100 E. Wayne Street, Suite 140
South Bend, IN 46601
Phone (574)232-2305 * Toll Free (866) 537-2200 * Fax (574) 232-2405
Registration for Review Course

Attendee Name: _____ Job Title: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Cell: _____

Employed by: _____ Employed at: _____

Work Address: _____

City, State, Zip: _____

Work Phone: _____ Fax: _____

Email Address: _____

Emergency Contact: _____
(Name & Phone Number)

_____ Please check if you are a Vegetarian (Caterer will be notified.)

Please Indicate Which Course & Course dates you are interested in.

All Board Review Courses: \$2,100

_____ Dosimetry Review _____ Medical Physics Written Review _____ Therapy Physics Oral Review
(Date) (Date) (Date)

_____ Virtual Dosimetry Review _____ Virtual Physics Written Review _____ Virtual Oral Physics Review

Virt-RON Courses: \$995

_____ Virt-RON (Virtual Radiation Oncology Nursing Course) Course 1: _____ Course 2 _____ Course 3 _____

Please Indicate Your Method of Payment for Deposit or Total Fee:

_____ Have you been to another ARC /GPS Dosimetry or Physics Board Review Class?

_____ Money Order

_____ Check: Make Checks Payable to ARC

_____ Visa / MasterCard / Discover / Amex Credit Card Number: _____ Exp. Date _____

Amount to be charged: _____
(\$1,000 deposit or total fee \$2,100) Signature _____
(\$995 Virt-RON)

If you are paying deposit at this time, what form of payment will balance be?

_____ Money Order

_____ Check: Make Checks Payable to ARC

_____ Visa / MasterCard / Discover / Amex Credit Card Number: _____ Exp. Date _____

Amount to be charged: _____
(\$1,000 deposit or total fee \$2,100) Signature _____

Final payment is due within 10 days of course date.

Applicant Signature

Date

How did you hear about us? FAX Email Flyer Mailer Website Referral

Disclaimer: ARC does not guarantee that the individual attendee taking the applicable Certification will pass the exam.