

ORDER FORM

INTERNATIONAL CLINICAL PET/CT TRAINING

Name

First name

Title

Institution

Street

City - Zip Code

Country

Email

Tel

Fax

Web-page

Module 1 (), please provide 2 alternative dates (A) and (B)

Module 2 (), please provide 2 alternative dates (A) and (B)

Module 3 (), please provide 2 alternative dates (A) and (B)

Comment:

Focus:

Oncology (), neurology (), cardiology (), other ()

Languages spoken/understood

English (x), Russian (), Arab (), German (), other:

Travel assistance required (y/n)

Signature, Date