

# HOW TO REGISTER

By phone: (440) 349-4700 • fax: (440) 349-2053 • e-mail: register on-line by visiting our website at [www.rsti-training.com](http://www.rsti-training.com) and complete the on-line registration form • mail completed form to RSTI, 30745 Solon Rd., Solon, OH 44139. We accept purchase order numbers to confirm your course registration. We also accept VISA, MasterCard, American Express, and Discover as a method of payment. RSTI limits class size to encourage student/instructor interaction. We will enroll you on a first-come, first-served basis, based on when we receive your registration fee.

## COURSE TUITION

- X-RAY CERTIFICATE SERIES (Phases I-IV)** ..... \$2195 each week  
**RSTI PACS ADMINISTRATOR AND ENGINEER CERTIFICATE SERIES (Phases I & II)** ..... \$2495 each week  
**R/F**  
*(GE Advantx E/GE Legacy)* ..... \$2995 each week  
*(GE Proteus)* ..... \$2995 one week  
*(Siemens R/F Sireskop SX)* ..... \$2995 each week  
*(GE RAD Bucky Diagnost)* ..... \$2995 one week  
*(GE RAD MPH/Compax 40E)* ..... \$2995 one week

## PORTABLES

- (GE AMX Portables: IV and IV Plus)* ..... \$2695 one week

## C-ARMS

- (OEC 9600/9800)* ..... \$2995 each week

## CARDIAC

- (Philips Integris R/F Cath Lab System)* ..... \$2495 each week  
*(Philips Super CP/OM 2000, OM CP)* ..... \$1990 one week

## WOMEN'S HEALTH

- (Multi-Vendor: Lorad, GE, Siemens, Instrumentarium)* .. \$2995 each week  
*(Multi-Product: GE DMR, 700T, 800T)* ..... \$2995 each week  
*(Lorad M-IV Platinum)* ..... \$2995 each week  
*(Multicare Platinum, Lorad Affinity)* ..... \$2995 one week  
*(Digital Mammography)* ..... \$4995 each week  
*(Multi-Vendor Bone Densitometry: GE, Hologic)* ..... \$2495 each week

## ULTRASOUND

- (Multi-Vendor: ATL, GE, Acuson, Philips)* ..... \$2995 each week

## MANAGEMENT

- (Starting and Managing a Diagnostic Imaging Capital Asset Management Program)* ..... \$1495 (4 days)  
*(Networks, DICOM and PACS for Cap. Asset Managers)*.... \$1995 one week

## CT

- (Principles of Servicing Computed Tomography)* ..... \$1995 each week  
*(Multi-Vendor CT System Maintenance Phase II)* ..... \$2995 each week  
*(Multi-Product CT: GE LightSpeed Multi-Slice)* ..... \$2995 each week

## LASER PRINTERS

- (Multi-Vendor Laser Imagers: Agfa, Kodak, Konica)* ..... \$2990 one week

Make checks payable to: **Radiological Service Training Institute (RSTI)**

\* Tuition and Full Coverage Package rates are subject to change.

\* Please confirm rates with our Registrar when you enroll.

## Cancellation Policy

Tuition is only refundable if cancellation is received in writing by RSTI at least 5 working days prior to the course or seminar date. Allow 30 days for receipt of the refund. Registrants who cancel within 14 days of the course or seminar date will have the tuition transferred to another course or seminar on a space available basis. In the event that a course does not attain our minimum enrollment, RSTI may postpone it. Paid tuition will remain on account to be applied to the rescheduled class.

## Payment Due Policy

Payment for all courses and/or seminars is due one full week in advance of the course start date. Purchase orders are accepted, but also must be paid one week prior to the course start date. All past due invoices will be assessed a late fee of 1.5% per month on any unpaid balances.

## Discounts

RSTI User Network (R.U.N.) members are entitled to discounts available under the current program, and members of other professional organizations may be eligible for discounts off our normal tuition price for courses held at the RSTI training facility. Multiple registration discounts are available and controlled by the Registrar; however, they cannot be used in conjunction with any other program or temporary discount being offered. If you enroll in more than one course or have two people attending the same class, you are entitled to a 5% discount. The total discount will be subtracted from the last course or seminar tuition and be controlled by the Registrar. If all classes are not taken, no discount will be applied.

## Schedule

Typically, courses run from 8:30 AM-4:30 PM Monday through Friday. Actual times may vary depending on location and equipment availability. You will receive a detailed schedule when we confirm your registration. You should schedule your incoming flight to arrive Sunday afternoon or evening. On the last Friday, class ends at 12:00 noon. You may schedule your return flight any time in the mid- to late-afternoon.

## Full Coverage Package

You are responsible for expenses you incur while attending courses. However, RSTI has negotiated a reduced package rate that includes 12 nights hotel accommodations, transportation between the hotel and training center, breakfast, and lunch. We will notify you of this rate when you enroll; if you wish, we can add the full coverage package cost to your tuition.

## Tax Deductions

You can take an income tax deduction for expenses of education (including registration fees, travel, meals, and lodging) to maintain or improve your professional skills. A receipt will be provided upon request.

## Course Materials

In addition to specially designed manuals and daily course handouts, you will also receive where appropriate:

- Document package of the lecture
- Performance evaluation forms
- Flow diagrams
- Certificate of Completion
- Troubleshooting charts
- Class Photograph

Due to copyright issues, some courses require that students bring their own manuals. These may include, but are not limited to, Operators Manual, Service Manual and Schematics. We will advise you of this when you enroll.

## COURSE NAME

## DATES

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_ Full Coverage Package (Yes or No)

\_\_\_\_\_ Bill my organization. P.O. No. \_\_\_\_\_

\_\_\_\_\_ Registration fee enclosed: \$ \_\_\_\_\_

\_\_\_\_\_ Bill to my credit card: \_\_\_\_\_ MasterCard \_\_\_\_\_ VISA  
 \_\_\_\_\_ AMEX \_\_\_\_\_ Discover

Number: \_\_\_\_\_ Exp.Date: \_\_\_\_\_

Signature (required): \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Company/Organization \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ FAX \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_