



# The MRI Workshop 2010

## REGISTRATION FORM

1. Name : \_\_\_\_\_
2. Designation : ☐ Doctor ☐ Medical Physicist ☐ Radiographer/Technologist  
☐ Student ☐ ISRT Member ☐ Others
3. Official Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Ph : \_\_\_\_\_ Mob : \_\_\_\_\_
4. Field of work : ☐ Conventional Radiography ☐ CT ☐ MRI  
☐ Interventional Radiology ☐ Mammography  
☐ Radiotherapy ☐ Nuclear Medicine
5. Permanent Home Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Ph : \_\_\_\_\_ Mob : \_\_\_\_\_  
 E-mail : \_\_\_\_\_
6. Are you a member of ISRT, please specify your membership No. : \_\_\_\_\_
7. Mode of payment : ☐ By cash ☐ DD No & Date : \_\_\_\_\_  
 Bank : \_\_\_\_\_
8. Food preference : ☐ Vegetarian ☐ Non-Vegetarian

Date : \_\_\_\_\_

Signature of the Applicant

### (FOR STUDENTS ONLY)

- (a) Name of Institution : \_\_\_\_\_
- (b) Name of course & Duration : \_\_\_\_\_
- (c) Name of University or Board : \_\_\_\_\_

### INSTRUCTIONS

- 1) Make the DD payment in favour of **ISRT**, payable at Kottayam

Category	Till 7th August (Sat)	After 7th August
Technologists/ Radiographers	Rs. 250/-	Rs. 300/-
Students	Rs. 150/-	Rs. 200/-
Others	Rs. 300/-	Rs. 300/-
ISRT Members	Rs. 150/-	Rs. 200/-

Communications to: \_\_\_\_\_  
 Mr. **Joseph Bastian**, Organising Secretary, CT Scan, Dept. of Radiodiagnosis  
 Cancer care centre, Medical College, Kottayam, Kerala-686 008, Tel: 09496323174, 09496804998 (After 8 PM)