

Name:		
Address:		
City:	State:	Zip:
Employer:		
Daytime Phone:		
E-mail:		

**Registration Fee:** \$700.00  
(Course registration fee includes lunches & breaks)

Vegetarian lunch:       yes       no

**Cancellation Policy:**

Cancellations by March 15	Refund less \$50.00
Cancellations by April 4	Refund less \$200.00
After April 4	No refunds

**Payment:**

(We can only accept check payments)

Make check payable to:      UW-L Medical Dosimetry Program

Mail check & registration form to:      Nishele Lenards  
UW-L Medical Dosimetry Program  
1725 State Street – 4032 HSC  
La Crosse, WI 54601