



# SUNTRAC SERVICES, INC

Radiological Training Registration

To register, complete information and Fax or e-Mail to [Brenda@Suntrac.com](mailto:Brenda@Suntrac.com)

**Suntrac Services, Inc.**  
**1818 East Main Street**  
**League City, TX 77573**  
**Tel: (281) 338-2133 Fax: (281) 338-2136**

## Registration Form

Attendee	Course #	Date

Company Name:

Address:

City:  State:  Zip:

Phone#:  Fax#:

E-mail:

If a registrant is unable to attend a course, a substitute may attend in the place of the original registrant. However, if a registrant is unable to attend and no substitute is made, a course cancellation must be made 14 calendar days prior to scheduled course date. Cancellations made less than 14 calendar days prior to course date are subject to be charged a 25% cancellation fee per registrant. Course fees are non-refundable for registrants failing to cancel prior to the start of the course.

<input type="checkbox"/> Charge Credit Card	<input type="checkbox"/> Purchase Order
<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> CC Address Same As Above Card No.: <input type="text"/> Exp.: <input type="text"/> CCV: <input type="text"/> Name On Card: <input type="text"/> Cardholder's Email: <input type="text"/>	PO# <input type="text"/> PO Contact: <input type="text"/> Phone/Fax: <input type="text"/> E-mail: <input type="text"/>

**\*\*If you plan to make a payment with your credit card, please bring the card with you to class. Payment information only needs to be filled out if you will not be providing payment while at Suntrac for training.\*\***  
**Please send in this registration form to participate in the training class. You will receive a confirmation by either e-mail or phone.**  
**If you do not hear from us within 3 days, please give our office a call.**

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 TEL: (281)338-2133 FAX: (281)338-2136

Email: [Brenda@Suntrac.com](mailto:Brenda@Suntrac.com)

PRINT FORM