

**2023 DUKE RADIOLOGY REVIEW COURSE - Online March 18-22, 2024
REGISTRATION FORM**

Last Name _____

First Name _____

Degree(s) _____ Cell # _____

Address _____

City/State/Zip _____

Email Address _____

Registration fee:

\$1025 Resident/Fellow -- Training Program: (required) _

Group discounts will be offered for programs registering multiple trainees (residents and/or fellows) as a group. The discounts are:

2-5 trainees - \$50 off

6-10 trainees - \$100 off

11-15 trainees - \$150 off

Over 15 trainees - \$200 off

If paying by check make it payable to Duke University and mail to:

Attention Debbie Griffin

Department of Radiology, Box 3808

2301 Erwin Road, Room 1904 CHC

Duke University Medical Center

Durham, NC 27710

919-684-7228