



Practice Name: \_\_\_\_\_

Your Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

**Choose from the following for educational opportunities:**

- Pre-Certification Process
- Scheduling Process
- Website Navigation
- Exam Protocols
- WebPACS usage
- Introduction or review of imaging services
- Other- \_\_\_\_\_

**For more information, please contact Public Relations  
913-319-8400 ext. 1045**

**Print Form and Fax to 913-696-0040**