



Contact: Kelli Rockwell
Northwestern TECH SmART
Department of Radiology
676 N. Saint Clair, Suite 800
Chicago, IL 60611

Phone: (312) 695-3737
Fax: (312) 695-5645
Email: krockwel@nm.org

Tech SMaRT Requested Date(s): _____

(Please Print)

Name: _____

Institution: _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone: _____ Ext _____

Fax: _____

Email: _____

Have you taken the following Siemens Courses?

Yes No “MRI Applications and Physical Concepts”

Yes No “Syngo MR Software”

What Siemens software platform are you currently using?

Person Responsible for Payment:

(Please Print)

Name: _____

Institution: _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone: _____ Ext _____

Fax: _____

Email: _____

Your registration and specific course dates will be confirmed within one week of receipt of application. If you have not received confirmation by this time, please call (312) 695-3737.

The registration fee of **\$3,000** should be made payable to **Northwestern CARD SMaRT**. You will receive an invoice for this amount upon your acceptance into the program. You are responsible for your own travel, lodging and meal expenses.