

Course Index & Registration



X-RAY CERTIFICATE SERIES

Phase 1.....	\$5095 (for 2 weeks)
Phase 2.....	\$5195 (for 2 weeks)
Phase 3.....	\$5295 (for 2 weeks)
Phase 4.....	\$5395 (for 2 weeks)

PACS ADMINISTRATOR/ENGINEER CERTIFICATION ELEARNING *not discountable

Phase 1.....	\$2995* (for 1 week)
Phase 2.....	\$3995* (for 1 week)
PACS Troubleshooting.....	\$1995* (for 3 days)

MANAGEMENT ELEARNING *not discountable

Capital Asset Management.....	\$1995* (for 1 week)
Intro to Diagnostic Imaging for Managers & Sales Staff.....	\$1250* (for 2.5 days)

RAD & R/F PRODUCT SPECIFIC *not discountable

GE Optima/Discovery/Definium DR Family.....	\$6995 (for 1 week)
GE Precision 500D.....	\$7995 (for 1 week)
GE Proteus XR/a (JEDI Generator).....	\$3995 (for 1 week)
Philips EasyDiagnost Eleva.....	\$7995 (for 1 week)
Philips DXR Family.....	\$7995 (for 1 week)
Siemens Ysio.....	\$7995 (for 1 week)
Siemens Luminos Agile.....	\$8995 (for 1 week)
Shimadzu RadSpeed/RadSpeed Pro.....	\$5495 (for 1 week)
Private Practice X-Ray Generators.....	\$4495 (for 1 week)
Injector Systems, Pick 4.....	\$5500* (for 1 week)
Injector Systems, Pick 2.....	\$3750* (for 3 days)

PORTABLE X-RAY

GE Optima XR220, AMX Digital & Optima XR200/XR285	\$4495 (for 1 week)
Shimadzu MobileDaRt Evolution Portables.....	\$3995 (for 1 week)
Canon RadPro Digital.....	\$4495 (for 1 week)
Philips MobileDiagnost Digital.....	\$4495 (for 1 week)
Fuji FDR Go & Go Plus.....	\$4495 (for 1 week)

MOBILE C-ARMS

OEC 9800/9900.....	\$7995 (for 2 weeks)
OEC 9900.....	\$5995 (for 1 week)
GE/OEC Elite (CFD) Flat Panel.....	\$9995 (for 1 week)
Philips Veradius & Pulsera C-Arm Family.....	\$7995 (for 1 week)
NEW! Hologic Fluoriscan InSight FD Mini C-Arm.....	\$7995 (for 1 week)

Cardiac CATH LABS

GE IGS/Optima/Innova Family.....	\$8995 (for 2 weeks)
Philips Allura FD Family, FD10/FD20.....	\$12995 (for 2 weeks)
NEW! Philips Azurion Differences.....	\$7995 (for 2.5 days)

NM (Nuclear Medicine)

Principles of Servicing Nuclear Medicine Systems.....	\$4495 (for 2.5 days)
Siemens Symbia	\$5995 (for 2.5 days)

WOMEN'S HEALTH

Hologic Selenia (2D)	\$9995 (for 1 week)
Hologic Dimensions 3D Tomo Digital Mammography.....	\$9995 (for 1 week)
Hologic SecurView & R2 Cenova CAD & Affirm Biopsy.....	\$3995 (for 5 days)
Siemens Revelation/Inspiration	\$9995 (for 3.5 days)
Multi-Vendor Bone Densitometry.....	\$3995 (for 1 week)
NEW! GE Pristina Mammography.....	\$9995 (for 1 week)

ULTRASOUND *not discountable

Principles of Servicing Diagnostic Ultrasound Systems eLearning \$2995* (for 2.5 days)	
Philips Epiq 5 & Epiq 7.....	\$4495 (for 2.5 days)
Philips iU22 & iE33.....	\$4495 (for 2.5 days)
GE Logiq E9, Vivid E9.....	\$4495 (for 2.5 days)
Siemens S2000/SC2000.....	\$4495 (for 2.5 days)
GE Logiq E10.....	\$4495 (for 2.5 days)

CT (Computed Tomography)

Servicing Multivendor CT Systems.....	\$9995 (for 2 weeks)
GE Optima, Brivo, VCT, LS, BS CT Family.....	\$8995 (for 2 weeks)
GE Revolution & Discovery CT.....	\$9995 (for 1 week)
Philips Ingenuity & Brilliance CT Family.....	\$12995 (for 2 weeks)
Siemens Definition.....	\$8995 (for 2 weeks)

MRI (Magnetic Resonance Imaging)

Servicing Multivendor MRI Systems.....	\$12995 (for 2 weeks)
Siemens Aera, Skyra & MRI Family (Avanto, Espree).....	\$19995 (for 2 weeks)
GE Signa, Optima, Discovery MRI Family.....	\$19995 (for 2 weeks)

CRES (Certified Radiology Equipment Specialist) ELEARNING *not discountable

CRES Exam Prep.....	\$1795* (for 1 week)
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*eLearning - eLearning classes are not eligible for discounts.

Cancellation Policy - Tuition is only refundable if cancellation is received in writing by RSTI at least 14 calendar days prior to the course or seminar date. Allow 30 days for receipt of the refund. Registrants who cancel within 14 days of the course or seminar date will have the tuition transferred to another course or seminar on a space available basis. In the event that a course does not attain our minimum enrollment, RSTI may postpone it. Paid tuition will remain on account to be applied to the rescheduled class.

Payment Due Policy - Payment for all courses and/or seminars is due three full weeks in advance of the course start date. Purchase orders are accepted, but also must be paid one week prior to the course start date. We also accept VISA, MasterCard, American Express, and Discover as a method of payment. All past due invoices will be assessed a late fee of 1.5% per month on any unpaid balances.

Schedule - Typically, courses run from 8:30 am-4:30 pm Monday through Friday. You will receive a detailed schedule when we confirm your registration. You should schedule your incoming flight to arrive Sunday afternoon or evening. On the last Friday, class ends at 12:00 noon. You may schedule your return flight any time in the mid-to-late-afternoon.

Full Coverage Package - You are responsible for expenses you incur while attending courses. However, RSTI has negotiated a reduced package rate that includes hotel accommodations, transportation between the hotel and training center, breakfast, and lunch. We will notify you of this rate when you enroll; if you wish, we can add the full coverage package cost to your tuition.

Course Materials - In addition to specially designed manuals and daily course handouts, you will also

receive where appropriate:

-Document package of the lecture	-Troubleshooting charts	-Class Photograph
-Flow diagrams	-Performance evaluation forms	-Certificate of Completion

Due to copyright issues, some courses require that students bring their own manuals. These may include, but are not limited to, Operators Manual, Service Manual and Schematics. We will advise you of this when you enroll.

Make checks payable to: Radiological Service Training Institute (RSTI)
Tuition and Full Coverage Package rates are subject to change. Please confirm rates with our Registrar when you enroll.

Effective 10/01/2025



HOW TO REGISTER: PHONE 440.349.4700 // FAX 440.349.2053 // WWW.RSTI-TRAINING.COM/REGISTER
MAIL COMPLETED FORM TO: RSTI 30745 SOLON RD. SOLON, OHIO. 44139

COURSE NAME

1. _____

2. _____

____ Full Coverage Package (Yes or No)

____ Bill my organization. P.O. No. _____

____ Registration fee enclosed: \$ _____

____ Bill my credit card: ____ MasterCard ____ VISA

____ AMEX ____ Discover

Number: _____ Exp. Date: _____

Signature (required): _____

DATES

____ Name of class attendee _____ Title _____

____ Company/Organization _____ Phone _____

____ Address _____ FAX _____

____ City _____ State _____ Zip _____

____ Email _____