

Course Index & Registration



X-RAY CERTIFICATE SERIES

Phase I.....	\$4695 (for 2 weeks)
Phase II.....	\$4795 (for 2 weeks)
Phase III.....	\$4895 (for 2 weeks)
Phase IV.....	\$4995 (for 2 weeks)

PACS Administrator/Engineer Certification

Phase I.....	\$2995 (for 2 weeks)
Phase II.....	\$3995 (for 2 weeks)
PACS Troubleshooting.....	\$1995 (for 3 days)
Intro to Imaging, Radiation Safety & FDA Compliance.....	\$1995 (for 3 days)
Basics of Networking for Service Engineers.....	call for pricing

Management

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

GE Precision 500D.....	\$7995 (for 1 week)
GE Proteus XR/a (JEDI Generator).....	\$3995 (for 1 week)
GE Definium Family (DR).....	\$9995 (for 1 week)
(Definium 6000/8000, Discovery XR650/656, Optima XR640)	
GE Definium 5000.....	\$9995 (for 1 week)
Philips Bucky Diagnost.....	\$2995 (for 1 week)
Philips Digital Diagnost.....	\$7995 (for 1 week)
Shimadzu RadSpeed/RadSpeed Pro.....	\$4495 (for 1 week)
Siemens Ysio.....	\$9995 (for 1 week)

Cardiac CATH LABS

Siemens Axiom Artis.....	\$14995 (for 2 weeks)
GE Innova 2100/3100/4100 (DR).....	\$14995 (for 2 weeks)
Philips Allura FD Family, FD10/FD20.....	\$12995 (for 2 weeks)

MRI

Introduction to Servicing MRI Phase I.....	\$7495 (for 1 week)
Advanced MRI Service (Phase II).....	\$8495 (for 1 week)

Effective 10/01/2018

Portable X-RAY

GE AMX Portables: IV and IV Plus.....	\$2995 (for 1 week)
GE Optima XR220, AMX Digital & Optima XR200/XR285	\$4495 (for 1 week)
Shimadzu MobileDaRt Evolution Portables.....	\$3995 (for 1 week)
Shimadzu MobileDaRt EFX/ MX7 Portables.....	\$3995 (for 1 week)

WOMEN'S HEALTH

Hologic/Lorad Multicare Platinum.....	\$2995 (for 1 week)
Hologic Dimensions 3D Tomo Digital Mammography.....	\$12995 (for 1 week)
Hologic Selenia (DR)	\$12995 (for 2 weeks)
Hologic SecurView & R2 Cenova CAD & Affirm Biopsy.....	\$3995 (for 5 days)
GE Essential Digital Mammography	\$8995 (for 1 week)
Siemens Inspiration Tomo Digital Mammography.....	\$5995 (for 1 week)
Multi-Vendor Bone Densitometry.....	\$3995 (for 1 week)

Mobile C-Arms

OEC 9800/9900.....	\$7995 (for 2 weeks)
OEC 9900.....	\$5995 (for 1 week)
Philips BV Pulsera C-Arm	\$3995 (for 1 week)

CT (Computed Tomography)

Principles of Servicing CT Systems (Phase I).....	\$4995 (for 2 weeks)
Advanced CT Systems Maintenance (Phase II).....	\$5995 (for 2 weeks)
GE LightSpeed/BrightSpeed.....	\$7995 (for 2 weeks)
GE VCCT.....	\$5295 (for 1 week)
Philips Brilliance Family.....	\$12995 (for 2 weeks)

CRES (Certified Radiology Equipment Specialist) *not discountable

CRES Exam Prep (includes CRES Package).....	\$1795* (for 1 week)
CRES Exam Prep (without CRES Package).....	\$1495* (for 1 week)

NM (Nuclear Medicine)

Principles of Servicing Nuclear Medicine Systems.....	\$4495 (for 1 week)
Siemens eCam Family.....	\$5495 (for 1 week)

Ultrasound Principles of Servicing Diagnostic Ultrasound Systems. \$2995 (for 2-1/2 days)

Philips Epiq 5 & Epiq 7.....	\$4495 (for 2-1/2 days)
GE Logiq E9, Vivid E9.....	\$4495 (for 2-1/2 days)
Siemens S2000/SC2000.....	\$4495 (for 2-1/2 days)

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, most classes end 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 12 nights 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.



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

COURSE NAME

DATES

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): _____

____ Name of class attendee _____ Title _____

____ Company/Organization _____ Phone _____

____ Address _____ FAX _____

____ City _____ State _____ Zip _____

____ Email _____