



**Pinnacle X-Ray Laboratory
Digital Radiography Training Course
Registration Form**

Complete this form and return, along with Credit Card Information Form, to: info@pixl-us.com

Student Information

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Job Title: _____

Email Address: _____

Course Name: _____

Course Dates: _____