

# **MEDICAL PHYSICS CONTINUING EDUCATION SESSION ATTENDANCE REPORT**

**PROGRAM:** ICRM 2016 International Conference on Radiation Medicine

**DATES:** 02/21/2016 – 02/25/2016

**LOCATION:** Riyadh, Saudi Arabia

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**ATTENDANCE SHEET:** Please print your name and email address as recognized in the CAMPEP database—print carefully, each character must be unambiguous.

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**NAME:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**Speaker:** \_\_\_\_\_ **Topic:** \_\_\_\_\_

I attended this entire session and request full credit \_\_\_\_  
I attended only part of this session and request credit for \_\_\_\_\_ minutes of attendance  
I did not attend this session \_\_\_\_

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