**PROGRAM EVALUATION**

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

**DATES:** 02/21/2016 – 02/25/2016

**LOCATION:** Riyadh, Saudi Arabia

**ATTENDEE INFORMATION:** Please print. Include degree if to be included on certificate.

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**MEMBER:**
- AAPM
- ACR
- COMP

**CERTIFIED:**
- ABR
- ABMP
- CCPM

Separate on dotted line.

**EVALUATION:** Please circle appropriate response.

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**Comments:**

In order to receive MPCEC credits, the top part of this form must be completed and returned to the Program Director. To maintain anonymity, separate the top and bottom form parts at the dotted line or use a second form for the program evaluation.