DI-MED SERVICES LIMITED

Administrative Office for X-Ray Associates 955 Major Mackenzie Drive, suite 216 Vaughan, Ontario L6A 4P9

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REQUEST FOR EDUCATION FUNDS

I would like to request funds for education towards CME credits as follows:

nature of course	
place of attendance	
amount of course	\$
date(s) of course	

Thank you,

Name of Participant

Date of request

NOTE :

Please attach course information for reference.