

# Bustin Seminars Continuing Education For 2024

[www.bustinseminars.com](http://www.bustinseminars.com) To Check CDPH-RHB & CA BCE Requirements

DATE	COURSE	Venue	Time	Total CEC	X-Ray CEC	Price
July 20 Saturday	5 Hours X-Ray In 1 Webinar –Digital X-Ray CA-A-23-08-06012	Distance Learning Category Videoconferencing	8:00AM	5	5	\$60
August 24 Saturday	5 Hours X-Ray In 1 Webinar –Thoracic & Lumbar Spine CA-A-23-12-06004	Distance Learning Category Videoconferencing	8:00AM	5	5	\$60
September 21 Saturday	5 Hours X-Ray In 1 Webinar –Cervical Spine CA-A-23-10-06002	Distance Learning Category Videoconferencing	8:00AM	5	5	\$60
October 19 Saturday	5 Hours X-Ray In 1 Webinar –Thoracic & Lumbar Spine CA-A-23-12-06004	Distance Learning Category Videoconferencing	8:00AM	5	5	\$60
November 23 Saturday	5 Hours X-Ray In 1 Webinar –Thoracic & Lumbar Spine CA-A-23-12-06004	Distance Learning Category Videoconferencing	8:00AM	5	5	\$60

5 Hours X-Ray In 1 Webinar BCE Approval listed above. Cost for the 5 Hours X-Ray Webinar is \$15 per hour, 3 hours minimum, or \$60 for all 5 hours. The Supervisor Exam Prep Course takes place over four evenings from 7:00PM to 10:00PM and will be recorded so it can be used for study on your own time. Cost for the supervisor exam prep course is \$150. More information: <https://www.bustinseminars.com/course-details>

Please fill-out this form CLEARLY and fax to: 909-599-8689 or email to: [gbustin@verizon.net](mailto:gbustin@verizon.net) or [slbustin@verizon.net](mailto:slbustin@verizon.net). Pay by credit card or Paypal from: <https://www.bustinseminars.com/register-a-payment> or mail a check or money order payable to: Bustin Seminars, PO Box 304, San Dimas CA 91773-0304. Questions, please phone: 909-599-0237 or send us an email.

## 2024 Seminar Registration Form -- Please Print Clearly Or Type

DC License #: \_\_\_\_\_ Print Email Clearly **TWICE**: \_\_\_\_\_

License State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Seminar Date and # Hours Desired: \_\_\_\_\_

Expiration Date CA XSOP: \_\_\_\_\_ Expiration Date DC License: \_\_\_\_\_