

**“N.C. Regulations for Protection Against Radiation” ORDER FORM”**

Name & Title		Registration No.
Department		
Mailing Address		
City	<span style="float: right;">State          Zip</span>	

***Make checks payable to: RADIATION PROTECTION SECTION***

No. of X-Ray regulation copies \_\_\_\_\_ \$10.00 ea.

Total amount enclosed \$ \_\_\_\_\_

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Cut along dotted line and mail (with payment) to:

Radiation Protection Section  
**ATTN: Joyce Hall**  
 1645 Mail Service Center  
 Raleigh, NC 27699-1645

**INSTRUCTIONS FOR COMPLETING ORDER FORM**

- Registration number is REQUIRED (if applicable).
- Please print clearly or type.
- This order form will be returned to you and will serve as your receipt for this purchase
- Please use the “ZIP + 4” format in the mailing address