



ON-LINE EXAMINATION

Brought to you by:
Advanced Medical Publishing, USA
http://WWW.rabex .net

Rabex 2007

Radiation & Cancer Biology Practice Examination
for Residents in Therapeutic & Diagnostic Radiology

The Seventh annual practice examination in Radiation and Cancer biology has been created specifically to help residents in radiation oncology and radiation therapy study for their board exams. The exam consists of approximately 200 questions in molecular/ mechanistic radiobiology; cellular radiobiology; tumor radiobiology; normal tissue radiobiology; and radiation risks and protection. All sections are suitable for both therapy and diagnosis-

tic residents. The total allowed exam time is 200 min. The exam can be used as an aid to self-study, or a group of residents can take the exam on-line beginning June 15 2007 up to June 30 2008.

Please visit our site dedicated site to Rabex at:
http://www.Rabex.net

Prepaid Form

Please submit your payment with the required information and Advanced Medical Publishing will sign the participants. The Login User Name and Password will be e-mailed to individual registrants. It is important to provide Name(s) and e-mail address.

The exam will be given only on-line and it is priced at \$75.00. Please check our dedicated website to Radiation and Cancer Biology at website at;

http://www.Rabex.net

You may have to provide information for on-line examination for prepaid registrants.

For more information e-mail us at: info@advmedpub.com or Info@rabex.net
or siamak@advmedpub.com, Chief-Technical Editor of AMP, Siamak Shahabi, PhD

Requirement: please note that the form below must be filled for all the examinee and mail or fax to address below.

\_\_\_\_\_ no of the 2006 Radiation & Cancer Biology Practice Examination at \$75/copy: \_\_\_\_\_

WI Residents add 5.5% sales tax: \$ \_\_\_\_\_

Total amt.: \$ \_\_\_\_\_

Please provide the address, name, e-mail, phone no. of the Program/Residents Director or the Proctor.

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ phone: \_\_\_\_\_

Method of Payment (Payment with Order Required):-----Check enclosed -----MasterCard -----Visa -----Discover

Card No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. \_\_\_\_\_ / \_\_\_\_\_

Ship to: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mail, fax, weborder, or phone order to:

Advanced Medical Publishing, Inc., USA

PO Box 5046 • Madison, WI 53705

Phone: 608-833-2599 • Fax: 608-833-2255 •

e-mail: info@advmedpub.com or info@rabex.net • Website: http://www.Rabex.net

## Required Information for on-line Examination

[www.Rabex.net](http://www.Rabex.net)

Please provide the address, name, e-mail, phone no. of the [Program Director](#) or the [Proctor](#).

Please check mark:

I am ----- [an Individual](#) ----- or [a Resident](#) or ----- [a Program Director](#) at: ----- [Country of Origin](#)

----- (Residency Program) University Medical School ----- (Residency Program) University Affiliated Medical School

----- Private Medical Insitution ----- Private Practice Center/Clinic/Hospital ----- Radiation Biology

----- Biology ----- Basic Research Center/Dept.

Address:

---

---

---

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ phone: \_\_\_\_\_

Please provide the name, e-mail, phone no. and address of each [Resident](#):

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ phone: \_\_\_\_\_

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ phone: \_\_\_\_\_

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ phone: \_\_\_\_\_

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ phone: \_\_\_\_\_

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ phone: \_\_\_\_\_

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ phone: \_\_\_\_\_

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ phone: \_\_\_\_\_

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ phone: \_\_\_\_\_

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ phone: \_\_\_\_\_

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ phone: \_\_\_\_\_

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ phone: \_\_\_\_\_

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ phone: \_\_\_\_\_

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ phone: \_\_\_\_\_

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ phone: \_\_\_\_\_

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ phone: \_\_\_\_\_

