



Please **PRINT** your first name, last name and academic/professional credentials exactly as you want them to appear on your name badge. Use only the number of spaces provided. Spaces and parentheses count as one character each. Do not use periods or commas. Mail or fax this form to:

ASRT Radiation Therapy Conference

P.O. Box 51148
Albuquerque, NM 87181-1148
Fax: 505-298-5063

Call Member Services at 800-444-2778, Press 5, if you have questions.

If you fax the form, please do not mail it.

First Name

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Last Name

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Academic/Professional Credentials

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mailing Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

E-mail Address (**Work E-mail Preferred**) _____

Job Title _____

Company Name _____

ASRT MEMBERS

ASRT Member Number (*Required*)

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- I have special dietary needs.
(Please attach a separate page describing dietary needs.)

- Would you like to volunteer as a session moderator during the Radiation Therapy Conference?

NON-ASRT MEMBERS

ARRT Member Number

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Date of Birth (*MM DD YYYY*)

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Emergency Contact Information

First Name _____ Last Name _____

Phone Number _____

By submitting this form, you acknowledge you have reviewed and agree to the ASRT Changes and Cancellation Policy, Photo Release Waiver and Lead Retrieval Waiver found on the event's registration website.

REGISTRATION FEES

Refer to asrt.org/RTC for more information

Complete course descriptions can be viewed on the ASRT website at asrt.org/RTC

Complete Registration Package

	Early Bird	Advance	On-site
Registration Deadline	by June 16	by Aug. 18	after Aug. 18
ASRT Member	<input type="checkbox"/> \$489	<input type="checkbox"/> \$564	<input type="checkbox"/> \$639
ASRT Student Member	<input type="checkbox"/> \$144	<input type="checkbox"/> \$154	<input type="checkbox"/> \$164
Nonmember <small>Includes one-year ASRT membership</small>	<input type="checkbox"/> \$614	<input type="checkbox"/> \$664	<input type="checkbox"/> \$739
Student Nonmember <small>Includes one-year ASRT student membership</small>	<input type="checkbox"/> \$169	<input type="checkbox"/> \$179	<input type="checkbox"/> \$189

One-day Registration Package

Select one day: Sunday Monday Tuesday

	Early Bird	Advance	On-site
Registration Deadline	by June 16	by Aug. 18	after Aug. 18
ASRT Member	<input type="checkbox"/> \$264	<input type="checkbox"/> \$324	<input type="checkbox"/> \$384
ASRT Student Member	<input type="checkbox"/> \$104	<input type="checkbox"/> \$119	<input type="checkbox"/> \$134
Nonmember	<input type="checkbox"/> \$359	<input type="checkbox"/> \$409	<input type="checkbox"/> \$484
Student Nonmember	<input type="checkbox"/> \$124	<input type="checkbox"/> \$139	<input type="checkbox"/> \$154

Name of School/Program _____

Estimated Date of Graduation ____ / ____ / ____

ASTRO & SROA Attendees Registering for the Radiation Therapy Conference

Attendees who paid full registration fees to ASTRO or SROA pay a discounted registration fee to attend ASRT sessions. You must provide your ASTRO or SROA registration confirmation number below to receive this discounted rate.

	Early Bird	Advance	On-site
Registration Deadline	by June 16	by Aug. 18	after Aug. 18
Conference Attendee	<input type="checkbox"/> \$250	<input type="checkbox"/> \$310	<input type="checkbox"/> \$370

ASTRO or SROA Confirmation Number

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Three-Day Guest Badge

Includes access to the ASRT and ASTRO exhibit halls, morning coffee each day and lunch on Sunday.

	Early Bird	Advance	On-site
Registration Deadline	by June 16	by Aug. 18	after Aug. 18
	<input type="checkbox"/> \$99	<input type="checkbox"/> \$114	<input type="checkbox"/> \$214

Number of guest badges _____

Guest(s) Name(s) _____

PAYMENT INFORMATION

Registration Package \$ _____

Guest \$ _____

ASRT Foundation Gift \$ _____

Grand Total \$ _____

Please select your method of payment

- Check payable to **ASRT** in U.S. funds
- Credit Card
- AmEx Discover MasterCard Visa

Card Number (Please double-check your card number) _____

Expiration Date (month/year) _____ Security Code (CVV) _____

Name On Card (name as it appears on the card) _____