

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

PAYMENT INFORMATION Registration Package

ASRT Foundation Gift

Guest

Grand Total

| Call Member Services at 800-444-2778, Pi If you fax the form, please do not mail it. | ress 5, if you have questions. • | |
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| First Manage | | |
| First Name | | |
| | | . |
| Last Name | | |
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| L L L L L L L Academic/Professional Credentials | | |
| Academic/Trolessional credentials | | |
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| Mailing Address | | |
| City | State | ZIP |
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| Home Phone | Cell Phone | |
| E TAIL ON LE TE C. D | | |
| E-mail Address (Work E-mail Preferred) | | |
| Job Title | | |
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| Company Name | | |
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| ASRT MEMBERS — | NON-ASRT MEN | IBERS —— |
| ASRT Member Number (Required) | ARRT Member Number | |
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| ☐ I have special dietary needs. | Date of Birth (MM DD YYYY) | |
| (Please attach a separate page describing dietary needs.) Would you like to volunteer as a session | | |
| moderator during the Radiation Therapy | | |
| Conference? | | |
| 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 Can |
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REGISTRATION FORM



REGISTRATION FEES

Refer to asrt.org/RTC for more information

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

| Registration Deadline LINE SRT Member LINE SRT Student Membership LINE SRT Student Membership LINE SRT Member LINE SRT Member LINE SRT Student SRT SRT STUDENT SRT SRT SRT SRT SRT SRT SRT SRT SRT SR | -site er Aug. 18 \$639 \$164 \$739 \$189 -site er Aug. 18 \$384 \$134 \$484 \$154 |
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| Includes access to the ASRT and ASTRO exhibit halls, morning coffee ea | |
| lunch on Sunday. | ch day and |
| | -site |
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| Guest(s) Name(s) | |
| Registration Deadline by June 16 by Aug. 18 after \$99 □\$114 □ Number of guest badges | |
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| ion Policy, Photo Release Waiver and Lead Retrieval Waiver found on the event's regis | |
| Please select your method of payment | • |
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| Check payable to ASRT in U.S. funds | |
| Credit Card | |
| ☐ AmEx ☐ Discover ☐ MasterCard ☐ Visa | |
| Card Number (Please double-check your card number) | |
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