RTC asrt 2024 RADIATION THERAPY CONFERENCE

# Registration Form

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

Last Name

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)

**Non-ASRT Members**

ARRT Member Number

Date of Birth (MM DD YYYY)

☐ 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?

## Emergency Contact Information

First Name Last Name

Phone Number

## 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 14 | by Aug. 16 | after Aug. 16 |
| ASRT Member | ☐ $489 | ☐ $564 | ☐ $639 |
| ASRT Student Member | ☐ $144 | ☐ $154 | ☐ $164 |
| Nonmember<br>Includes one-year ASRT membership | ☐ $614 | ☐ $664 | ☐ $739 |
| Student Nonmember<br>Includes one-year ASRT student membership | ☐ $169 | ☐ $179 | ☐ $189 |

### One-day Registration Package

Select one day: Sunday Monday Tuesday

| | Early Bird | Advance | On-site |
|---|---|---|---|
| **Registration Deadline** | by June 14 | by Aug. 16 | after Aug. 16 |
| ASRT Member | ☐ $264 | ☐ $324 | ☐ $384 |
| ASRT Student Member | ☐ $104 | ☐ $119 | ☐ $134 |
| Nonmember | ☐ $359 | ☐ $409 | ☐ $484 |
| Student Nonmember | ☐ $124 | ☐ $139 | ☐ $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 14 | by Aug. 16 | after Aug. 16 |
| Conference Attendee | ☐ $250 | ☐ $310 | ☐ $370 |

ASTRO or SROA Confirmation Number

### 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 14 | by Aug. 16 | after Aug. 16 |
| | ☐ $99 | ☐ $114 | ☐ $214 |

Number of guest badges _____

Guest(s) Name(s) _____

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.

## 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)