

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

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

16 empty boxes for first name

Last Name

16 empty boxes for last name

Academic/Professional Credentials

16 empty boxes for 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)

6 empty boxes for ASRT Member Number

NON-ASRT MEMBERS

ARRT Member Number

6 empty boxes for ARRT Member Number

Date of Birth (MM DD YYYY)

8 empty boxes for date of birth

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

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 \$ _____

REGISTRATION FEES

Refer to asrt.org/RTC for more information

Complete Registration Package

Registration Deadline	Early Bird	Advance	On-site
	by Aug. 6	by Sept. 24	after Sept. 24
ASRT Member	<input type="checkbox"/> \$475	<input type="checkbox"/> \$550	<input type="checkbox"/> \$625
ASRT Student Member	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$150
Nonmember <i>Includes one-year ASRT membership</i>	<input type="checkbox"/> \$600	<input type="checkbox"/> \$650	<input type="checkbox"/> \$725
Student Nonmember <i>Includes one-year ASRT student membership</i>	<input type="checkbox"/> \$155	<input type="checkbox"/> \$165	<input type="checkbox"/> \$175

One-day Registration Package

Select one day.
 Sunday Monday Tuesday

Registration Deadline	Early Bird	Advance	On-site
	by Aug. 6	by Sept. 24	after Sept. 24
ASRT Member	<input type="checkbox"/> \$250	<input type="checkbox"/> \$310	<input type="checkbox"/> \$370
ASRT Student Member	<input type="checkbox"/> \$90	<input type="checkbox"/> \$105	<input type="checkbox"/> \$120
Nonmember	<input type="checkbox"/> \$345	<input type="checkbox"/> \$395	<input type="checkbox"/> \$470
Student Nonmember	<input type="checkbox"/> \$110	<input type="checkbox"/> \$125	<input type="checkbox"/> \$140

Name of School/Program _____

Estimated Date of Graduation ____/____/____

ASTRO and 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.

Registration Deadline	Early Bird	Advance	On-site
	by Aug. 6	by Sept. 24	after Sept. 24
Conference Attendee	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175	<input type="checkbox"/> \$200

ASTRO or SROA Confirmation Number

12 empty boxes for confirmation number

Three-Day Guest Badge

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

Registration Deadline	Early Bird	Advance	On-site
	by Aug. 6	by Sept. 24	after Sept. 24
	<input type="checkbox"/> \$85	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200

Number of guest badges _____

Guest(s) Name(s) _____

ASRT Foundation Gift

Improve the lives and careers of R.T.s by creating opportunities in education, research and community outreach with your tax-deductible donation today.

Amount _____

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)