

Registration for the 41st ASRT RADIATION THERAPY CONFERENCE

September 24-26, 2017 • Manchester Grand Hyatt San Diego



Registration form Complete course descriptions can be viewed on the ASRT website at www.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 also mail it.

First Name

12 empty boxes for first name

Last Name

12 empty boxes for last name

Lead Retrieval Information

ASRT and ASTRO exhibitors have requested more information from you. This information will be included with your badge. It will not be shared with exhibitors in any other form or list and only will be shared if you decide to share it in the ASRT Exhibit Hall and/or the ASTRO Exhibit Hall.

Mailing Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Job Title _____

Company Name _____

Academic/Professional Credentials

12 empty boxes for credentials

ASRT Member Number (Required)

6 empty boxes for ASRT Member Number

Social Security Number

9 empty boxes for Social Security Number

(Only required if you are NOT an ASRT member)

ARRT Member Number

6 empty boxes for ARRT Member Number

(Only required if you are NOT an ASRT member)

Date of Birth (MM DD YYYY)

8 empty boxes for Date of Birth

(Only required if you are NOT an ASRT member)

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

Emergency Contact Information

First Name _____ Last Name _____

Phone Number _____

Registration Fees

Refer to www.asrt.org/rtc for more information

Complete Registration Package

Registration Deadline	Early Bird by June 19	Advance by August 21	On-site after August 21
ASRT Member	<input type="checkbox"/> \$460	<input type="checkbox"/> \$535	<input type="checkbox"/> \$610
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"/> \$585	<input type="checkbox"/> \$635	<input type="checkbox"/> \$710
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 by June 19	Advance by August 21	On-site after August 21
ASRT Member	<input type="checkbox"/> \$245	<input type="checkbox"/> \$305	<input type="checkbox"/> \$365
ASRT Student Member	<input type="checkbox"/> \$90	<input type="checkbox"/> \$105	<input type="checkbox"/> \$120
Nonmember	<input type="checkbox"/> \$335	<input type="checkbox"/> \$385	<input type="checkbox"/> \$460
Student Nonmember	<input type="checkbox"/> \$110	<input type="checkbox"/> \$125	<input type="checkbox"/> \$140

Name of School/Program _____

Estimated Date of Graduation ____/____/____
(MM/DD/YYYY)

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 by June 19	Advance by August 21	On-site after August 21
Conference Attendee	<input type="checkbox"/> \$150	<input type="checkbox"/> \$160	<input type="checkbox"/> \$195

ASTRO or SROA Confirmation Number

12 empty boxes for confirmation number

Guest Badge

Registration Deadline	Early Bird by June 19	Advance by August 21	On-site after August 21
Guest badges allow visitors to enter the ASTRO Exhibit Hall. Three-day Badge	<input type="checkbox"/> \$85	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120

ASRT Change and Cancellation Policy can be viewed at www.asrt.org/rtc

By attending the 2017 ASRT Radiation Therapy Conference, you grant ASRT permission to use your name, likeness and your statements about the conference in photographs, videos, advertising, social media or any other type of promotional material. Unless you revoke this permission in writing to the ASRT, by virtue of your attendance you agree to the use of your likeness in such materials.

Payment Information

Please select your method of payment

Check or money order payable to ASRT in U.S. funds

Credit Card

AmEx

Discover

MasterCard

Visa

Complete Card Number _____ Expiration Date _____

Authorized Cardholder Signature _____ Amount To Be Charged _____