

2014 State of the Art Radiation Therapy: Practical Treatment, Biology and Imaging

Attendee Registration Form • May 16 -18, 2014 • Grand Hyatt San Antonio • San Antonio

REGISTRANT INFORMATION (REQUIRED)

FIRST NAME	LAST NAME	SUFFIX (JR., III, IV)			
TITLE		ASTRO MEMBER ID NUMBER			
INSTITUTION					
ADDRESS					
CITY	STATE	ZIP	COUNTRY		
PHONE	FAX	EMAIL			

REGISTRATION CATEGORY AND FEES

Registration fees include meeting materials, lunch, coffee breaks and evening reception. Check your registration category. Choose the first category that applies to you.

Category	Early-bird DECEMBER 4, 2013 - FEBRUARY 5, 2014		Advance FEBRUARY 6, 2014 - APRIL 18, 2014		Late AFTER APRIL 18, 2014	
	Meeting Only*	Meeting/ Virtual Meeting**	Meeting Only*	Meeting/ Virtual Meeting**	Meeting Only*	Meeting/ Virtual Meeting**
Member	<input type="radio"/> \$600	<input type="radio"/> \$675	<input type="radio"/> \$800	<input type="radio"/> \$875	<input type="radio"/> \$900	<input type="radio"/> \$975
Member-in-Training	<input type="radio"/> \$450	<input type="radio"/> \$525	<input type="radio"/> \$600	<input type="radio"/> \$675	<input type="radio"/> \$700	<input type="radio"/> \$775
Emeritus Member	<input type="radio"/> \$450	<input type="radio"/> \$525	<input type="radio"/> \$600	<input type="radio"/> \$675	<input type="radio"/> \$700	<input type="radio"/> \$775
Allied Health Care Professional Member (Nurse/Nurse Practitioner/Dosimetrist/Radiation Therapist/Radiation Technician/Technologist/Physician Assistant)	<input type="radio"/> \$450	<input type="radio"/> \$525	<input type="radio"/> \$600	<input type="radio"/> \$675	<input type="radio"/> \$700	<input type="radio"/> \$775
Nonmember	<input type="radio"/> \$800	<input type="radio"/> \$875	<input type="radio"/> \$1,000	<input type="radio"/> \$1,075	<input type="radio"/> \$1,100	<input type="radio"/> \$1,175
Allied Health Care Professional Nonmember (Nurse/Nurse Practitioner/ Dosimetrist/Radiation Therapist/ Radiation Technician/Technologist/ Physician Assistant)	<input type="radio"/> \$550	<input type="radio"/> \$625	<input type="radio"/> \$650	<input type="radio"/> \$725	<input type="radio"/> \$750	<input type="radio"/> \$825
Student** <i>Online Registration Only</i>	<input type="radio"/> \$150	<input type="radio"/> \$225	<input type="radio"/> \$200	<input type="radio"/> \$275	<input type="radio"/> \$250	<input type="radio"/> \$325
Spouse/Guest	<input type="radio"/> \$50	NA	<input type="radio"/> \$75	NA	<input type="radio"/> \$100	NA

**To be classified as a student, you will need to provide the name of your school, program of study and your program director's name and phone number. Students are defined as being in a pre-medical or related educational program.

OPTIONAL EMAIL CONTACT

Check here if you would like to receive emails regarding the 2014 State of the Art Radiation Therapy Symposium. If you would like someone else in your office to also receive emails regarding the symposium, please provide email below.

OPTIONAL EMAIL _____

PROFESSION (Please select only one.)

- | | | | |
|--|--|--|--|
| <input type="radio"/> Administrator (A) | <input type="radio"/> Medical Oncologist (F) | <input type="radio"/> Physicist (K) | <input type="radio"/> Surgical Oncologist (R) |
| <input type="radio"/> Biologist (B) | <input type="radio"/> Nuclear Medicine Physician (G) | <input type="radio"/> Radiation Oncologist (L) | <input type="radio"/> Therapist/Technologist (S) |
| <input type="radio"/> Clinical Oncologist (C) | <input type="radio"/> Nurse (H) | <input type="radio"/> Radiologic Scientist (N) | <input type="radio"/> Urologist (T) |
| <input type="radio"/> Diagnostic Radiologist (D) | <input type="radio"/> Nurse Practitioner (I) | <input type="radio"/> Resident (O) | <input type="radio"/> Veterinarian (U) |
| <input type="radio"/> Medical Dosimetrist (E) | <input type="radio"/> Physician Assistant (J) | <input type="radio"/> Student (Q) | <input type="radio"/> Other _____ |

PRIMARY EMPLOYER (Please select only one.)

- | | | | |
|--|---|--|-----------------------------------|
| <input type="radio"/> Academic/ University | <input type="radio"/> Government/Public Sector | <input type="radio"/> Industry | <input type="radio"/> Other _____ |
| <input type="radio"/> Community Based System | <input type="radio"/> Independent Contractor/Locum Tenens | <input type="radio"/> Private Practice | |

PROFESSIONAL SUFFIXES (Please select no more than two.)

- | | | | |
|---------------------------|---------------------------|---------------------------|-----------------------------------|
| <input type="radio"/> BS | <input type="radio"/> DO | <input type="radio"/> MBA | <input type="radio"/> OCN |
| <input type="radio"/> BSN | <input type="radio"/> DSc | <input type="radio"/> MD | <input type="radio"/> PhD |
| <input type="radio"/> ChB | <input type="radio"/> DVM | <input type="radio"/> MS | <input type="radio"/> RN |
| <input type="radio"/> CMD | <input type="radio"/> MB | <input type="radio"/> MSN | <input type="radio"/> RT |
| | | | <input type="radio"/> N/A |
| | | | <input type="radio"/> Other _____ |

PRIMARY PRACTICE LOCATION. (Please select only one.)

- Hospital Freestanding/Satellite Clinic Other _____

PROFESSIONAL ACTIVITY. (Please select no more than two.)

- | | | |
|--|---|-----------------------------------|
| <input type="radio"/> Basic Science Research | <input type="radio"/> Clinical Trials | <input type="radio"/> Other _____ |
| <input type="radio"/> Clinical Patient Care | <input type="radio"/> Outcomes and Health Services Research | |

PRIMARY BOARD CERTIFICATION (Please select only one.)

- | | | |
|--|--|-----------------------------------|
| <input type="radio"/> Medical Oncology | <input type="radio"/> Nuclear Medicine | <input type="radio"/> Other _____ |
| <input type="radio"/> Radiation Oncology | <input type="radio"/> Radiology | |
| <input type="radio"/> Surgery | <input type="radio"/> N/A | |

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT FULL NAME	
EMERGENCY CONTACT'S RELATION	
EMERGENCY CONTACT'S PHONE NUMBER	EMERGENCY CONTACT'S MOBILE NUMBER
EMERGENCY CONTACT'S EMAIL	

REGISTRATION DEADLINE

The last day to receive the early-bird discount for the ASTRO 2014 State of the Art Radiation Therapy: Practical Treatment, Biology and Imaging is February 5, 2014. Registrations received after this date will be charged the higher rate. The last day to preregister for the meeting is April 18, 2014. After April 18, 2014, you will need to register on-site at the meeting.

SPECIAL ACCOMMODATIONS

ASTRO is committed to making the meeting accessible to all individuals. If you have a disability as identified by the Americans with Disabilities Act, please contact us at meetings@astro.org.

- Check here if you require auxiliary aids or services.

VISA

Check here to receive a visa letter of invitation. In most cases, citizens of foreign countries will need a visa to enter the United States. It may take up to three months to obtain a visa. For additional information, please visit <http://travel.state.gov/visa>. You must be registered and paid in full before you will be sent a visa letter of invitation.

CANCELLATION POLICY

- Refunds will be given only if written notification is received on or before April 18, 2014.
- All refunds are subject to a \$100 processing fee. Telephone cancellations will not be accepted.
- NO REFUNDS will be given for requests received after April 18, 2014.
- Registration fees are not transferable to another attendee or meeting.
- Registration refunds will be processed 30 days after the conclusion of the meeting.

HOW TO REGISTER:

INTERNET: www.astro.org/stateofheart

FAX: 703-574-8332

MAIL: ASTRO
P.O. Box 418076
Boston, MA 02241-8076

QUESTIONS:

Please contact State of the Art Radiation Therapy: Practical Treatment, Biology and Imaging Center.
Phone: 1-800-541-6058 or 703-449-6418
Email: stateofheartreg@jspargo.com

PAYMENT INFORMATION

Total Registration Amount:	
Grand Total:	

- Check payable to ASTRO (U.S. dollars drawn on U.S. bank)

Credit Card: American Express Discover
 MasterCard Visa

I agree to the registration terms and conditions and authorize my credit card to be charged registration fees to attend the 2014 State of the Art Radiation Therapy: Practical Treatment, Biology and Imaging. We reserve the right to charge the correct amount if different from the total listed.

CREDIT CARD NUMBER	EXPIRATION DATE
CARDHOLDER'S NAME (as it appears on card)	
SIGNATURE	DATE
BILLING ADDRESS - STREET	
CITY	STATE
COUNTRY	ZIP CODE