ASTRO/AAPM/NCI Workshop: Technology for Innovation in Radiation Oncology

June 13-14, 2013 • Natcher Conference Center, National Institutes of Health Campus • Bethesda, Md.

REGISTRANT INFORMATION (REQUIRED)

FIRST NAME LAST NAME SUFFIX (JR., III, IV)

TITLE

INSTITUTION

ADDRESS

CITY STATE ZIP COUNTRY

PHONE FAX EMAIL

REGISTRATION CATEGORY AND FEES

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

	Early-bird FEBRUARY 13, 2013 - APRIL 10, 2013	**Advance** APRIL 11, 2013 - JUNE 7, 2013
Category	Meeting Only	Meeting Only
General Attendee	○ **$200**	○ **$225**
Resident/General Attendee-in-Training	○ **$100**	○ **$125**
**Meeting registration fee includes meeting materials, breakfast, lunch and breaks.*		

OPTIONAL EMAIL CONTACT

○ Check here if you would like to receive emails regarding the 2013 ASTRO/AAPM/NCI Workshop. If you would like someone else in your office to also receive emails regarding the Workshop, please provide email below.

OPTIONAL EMAIL_____

PLEASE SELECT NO MORE THAN ONE PROFESSION.

○ Administrator (A)
○ Biologist (B)
○ Clinical Oncologist (C)
○ Diagnostic Radiologist (D)
○ Medical Dosimetrist (E)
○ Medical Oncologist (F)
○ Medical Physicist
○ Nuclear Medicine Physician (G)
○ Nurse (H)
○ Nurse Practitioner (I)
○ Physician Assistant (J)
○ Radiation Oncologist (L)
○ Radiation Therapist/Technologist
○ Resident (O)
○ Student (Q)
○ Surgical Oncologist (R)
○ Urologist (T)
○ Veterinarian (U)
○ Other _____

PRIMARY EMPLOYER *(Please select only one.)*

○ Academic/ University
○ Community Based System
○ Government/Public Sector
○ Independent Contractor/Locum Tenens
○ Industry
○ Private Practice
○ Other _____

PLEASE SELECT NO MORE THAN TWO PROFESSIONAL SUFFIXES.

○ BS
○ BSN
○ ChB
○ CMD
○ DO
○ DSc
○ DVM
○ MB
○ MBA
○ MD
○ MS
○ MSN
○ OCN
○ PhD
○ RN
○ RT
○ N/A
○ Other _____

PRIMARY PRACTICE LOCATION. *(Please select.)*

○ Hospital ○ Freestanding/Satellite Clinic ○ Other _____

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

○ Basic Science Research
○ Clinical Patient Care
○ Clinical Trials
○ Outcomes and Health Services Research
○ Other _____

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 is April 10, 2013. Registrations received after this date will be charged the higher rate. The last day to preregister for the meeting is June 7, 2013. After June 7, 2013, 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 May 17, 2013.
- All refunds are subject to a $100 processing fee. Telephone cancellations will not be accepted.
- NO REFUNDS will be given for requests received after May 17, 2013.
- 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/jointworkshop**
FAX: **703-574-8332**
MAIL: **ASTRO**
P.O. Box 418076
Boston, MA 02241-8076

QUESTIONS:

Phone: 1-800-541-6058 or 703-449-6418
Email: jointworkshopregistration@jspargo.com

PAYMENT INFORMATION

Total Registration Amount:	
Mail/FAX Form Charge*:	**$ 10**
Grand Total:	

** Please note: Mailed and faxed forms will be charged a $10 processing fee. Please include this fee when paying by check. To avoid being charged the processing fee, you can register online at www.astro.org/jointworkshop.*

○ 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 Technology for Innovation in Radiation Oncology Workshop. 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