

REGISTRATION

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 Educational Symposium and
Annual Governance and House of Delegates Meeting**
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

Mailing Address

City

State

ZIP

Home Phone

Cell Phone

E-mail Address (Work email preferred)

Job Title

Company Name

Academic/Professional Credentials

ASRT Member Number (Required)

ARRT Member Number

(Only required if you are NOT an ASRT member)

Date of Birth (MM DD YYYY)

(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

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 Event tickets \$ _____
ASRT Foundation Gift \$ _____
Grand Total \$ _____

asrt.org/symposium

asrt.org/governancemeeting

EVENTS REGISTRATION

Refer to asrt.org/symposium for more information.

Select the events you will be attending:

ASRT Educational Symposium

June 27, 2024

- | | By May 22 | After May 22 or on site |
|---|-----------|-------------------------|
| <input type="checkbox"/> Member | \$225 | \$249 |
| <input type="checkbox"/> Nonmember | \$375 | \$420 |
| <small>Includes a one-year ASRT membership.</small> | | |
| <input type="checkbox"/> Member with Premium Option | \$205 | \$229 |

Student Courses (no CE credit)

- | | | |
|---|------|------|
| <input type="checkbox"/> Student Member | Free | Free |
| <input type="checkbox"/> Student Nonmember | \$49 | \$59 |
| <small>Includes a one-year ASRT student membership.</small> | | |

Name of School/Program _____

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

Annual Governance & House of Delegates Meeting

June 28-30, 2024

- Delegate
All delegates must complete the registration process for this meeting by May 10, 2024.
- Nondelegate Member
- Nonmember attending House of Delegates - \$75

Guest Badge

Refer to website for full description

- | | By May 22 | After May 22 or on site |
|--------------------------------|-----------|-------------------------|
| <input type="checkbox"/> Guest | \$70 | \$80 |

Number of guest badges _____

Guest(s) Name(s) _____

ASRT Foundation's "Rad Since 1984!" Event

Saturday, June 29 from 7-10 p.m. - Grand Ballroom D in the Rosen Centre Hotel

It's a blast from the past! The ASRT Foundation turned 40, and you're invited to celebrate the milestone at an epic '80s-themed evening! Don't miss out on this opportunity to rock out and support members of the medical imaging and radiation therapy community while enjoying a totally radical night! Your \$100 ticket includes a complimentary drink and snacks. Student tickets are available for \$80 and include complimentary snacks. Contact us at foundation@asrt.org with any questions.

Fair-market value for this event at the \$100 donation level is \$86.80, and \$13.20 is tax deductible. Your registration is considered a donation and is nonrefundable.

Fair-market value of this event at the \$80 student donation level is \$77.80, and \$2.20 is tax deductible. Your registration is considered a donation and is nonrefundable.

See website for full details.

Number of Tickets (\$100 each) _____

Number of Tickets (\$80 each) _____

ASRT Foundation Gift

Improve the lives and careers of R.T.s by creating education, research and community outreach opportunities 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)