



- This is a 2-page form and cannot be processed without 2 pages per registrant
- Register on or before **June 19th** to receive **early registration fees**.
- No refunds will be given for cancellations received after July 11th.
- Questions: Please call 508-743-8511

Check Payment Registration Form

Part 1 - Registration Information

First Name: _____ Last Name: _____
 Badge Name: _____
 Title: _____ Degree: _____
 Company/Organization: _____
 Department: _____
 Mailing Address 1: _____
 Mailing Address 2: _____
 City: _____ State: _____ Postal Code: _____
 Country: _____
 Phone: _____ Ext: _____ Fax: _____
 EMail Address (must be included to receive confirmation): _____

Are you attending the AAPM Meeting representing another society? If yes, please give society name: _____



If you will require special services while attending the meeting, please contact Karen at karen@aapm.org (**please respond by July 1, 2013**)

I give permission for AAPM to release my e-mail address to exhibitors at the 2013 AAPM Annual Meeting and Technical Exhibits. Since you have given permission for AAPM to release your e-mail address to vendors from the 2013 AAPM Annual Meeting and Technical Exhibits, which products are you interested in?
 Therapy Physics Nuclear Medicine Physics
 Imaging Physics Health Physics

I do not give my permission for AAPM to release my e-mail address to exhibitors at the 2013 AAPM Annual Meeting and Technical Exhibits unless I allow my badge to be scanned by an exhibitor at the event.

Part 2 - Demographic Information

1. Please identify your primary employment function:
 01 Clinical 02 Academic Research/Development 03 Customer Support
 04 Marketing/Sales 05 Regulatory 06 Commercial Research/Development
 07 Retired 08 Teaching Other: _____

2. Please identify the nature of your primary employer:
 01 Private health care facility 02 Physician practice group 03 Medical Physics practice group
 04 Government health care facility 05 Government, not health care 06 Academic health care facility/med school
 07 Academic/not health care 08 Commercial 09 Retired
 10 Other:

Part 3 - Package Selection

Weekly Registration (except Emeritus, all include a ticket to: the Awards Ceremony and Reception, Night Out, and access to the Exhibit Hall)	Discounted on or Before 6/19/2013	After 6/19/2013
<input type="checkbox"/> Member Weekly	\$650	\$865
<input type="checkbox"/> Emeritus Member (Night Out ticket not included - may be purchased separately)	\$114	\$114
<input type="checkbox"/> Member Resident Weekly <input type="checkbox"/> Junior Member Weekly (<i>please check one</i>)	<i>Resident: \$285</i>	<i>Junior: \$285</i>
<input type="checkbox"/> Non-member Weekly	\$1,300	\$1,515
<input type="checkbox"/> Non-member Resident (must provide letter - see special registration type qualifications on website)	\$375	\$375
<input type="checkbox"/> AAMD Member Weekly Must include promotional code: <input type="text"/>	\$650	\$865
<input type="checkbox"/> Student Weekly (non-members must provide letter - see special registration type qualifications on website)	\$194	\$194
Daily Member Registration - you may purchase tickets separately to Social Events <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	days ____ x \$340	Total \$ _____
Daily Non-Member Registration - you may purchase tickets separately to Social Events <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	days ____ x \$680	Total \$ _____
Student Daily Registration - (non-members must provide letter - see qualifications on website) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday (you may purchase tickets separately to Social Events)	days ____ x \$10	Total \$ _____
Resident Member OR Junior Member Daily Registration (please circle one) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday (you may purchase tickets separately to Social Events)	days ____ x \$90	Total \$ _____
Resident Non-Member Daily Registration (must provide letter - see qualifications on website) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday (you may purchase tickets separately to Social Events)	days ____ x \$180	Total \$ _____

TOTAL FROM PAGE 1 \$ _____

Part 4 - Miscellaneous Items

Other Activities/Meetings:

<input type="checkbox"/> Diagnostic Physics Review Course (see reg type qualifications on website)	\$195	\$100 student rate
<input type="checkbox"/> Therapy Physics Review Course (see reg type qualifications on website)	\$195	\$100 student rate
<input type="checkbox"/> Nuclear Medicine Review Course (see reg type qualifications on website)	\$115	\$100 student rate
<input type="checkbox"/> Nuclear Medicine & Diagnostic Physics Review Course package (see reg type qualifications on website)	\$250	\$200 student rate
<input type="checkbox"/> Annual Meeting of the Radiotherapy Service Association (RSEA)	\$120	\$180 (after 6/19)
<input type="checkbox"/> Women Physicists' Luncheon (reserved for female med physicists) - Tuesday, 8/6, 12:30 pm	\$10	
<input type="checkbox"/> New Member Symposium (joined after June 2011) - Tuesday, 8/6, 4:30 PM	N/C	
<input type="checkbox"/> Proton Symposium (Saturday, 8/3) <input type="checkbox"/> Proton Facility Tour (Saturday, 8/3) - see website for details	Symp: \$10	Tour: \$5

OTHER ACTIVITIES/MEETINGS TOTAL \$ _____

Companion Registration - Companions ages 12 through 17 will be allowed in the Exhibit Hall but must be accompanied by a registered attendee at all times.

<input type="checkbox"/> Age 21 & over	Name(s): _____	Qty _____ x \$15	Total \$ _____
<input type="checkbox"/> Age 12 - 20	Name(s): _____	Qty _____ x \$0	
<input type="checkbox"/> Age 11 & under	Name(s): _____	Qty _____ x \$0	

COMPANION REGISTRATION TOTAL: \$ _____

Social Events - ADDITIONAL TICKETS (the Awards Ceremony & Night Out tickets are included with Weekly registration)

<input type="checkbox"/> Awards Ceremony & Reception - Monday, Aug 5 • 6:30pm - 8:30pm	\$14	Qty: _____ X \$14 ea	Total: \$ _____
<input type="checkbox"/> Night Out (21 and over) - Tuesday, Aug 6 • 6:30pm - 10:00pm	\$80	Qty: _____ X \$80 ea	Total: \$ _____
<input type="checkbox"/> Night Out (ages 12 - 20) - Tuesday, Aug 6 • 6:30pm - 10:00pm	\$72	Qty: _____ X \$72 ea	Total: \$ _____
<input type="checkbox"/> Night Out (ages 3 - 11) - Tuesday, Aug 6 • 6:30pm - 10:00pm	\$65	Qty: _____ X \$65 ea	Total: \$ _____
<input type="checkbox"/> Night Out (2 and under) - Tuesday, Aug 6 • 6:30pm - 10:00pm	free	Qty: _____ X free	free

SOCIAL EVENTS TOTAL \$ _____

SAMs rental

Self Assessment Module (SAMs): Completion of two Self Assessment Modules (SAMs) per year is a requirement for the Maintenance of Certification (MOC) process as defined by the American Board of Radiology (ABR). \$10 w/ \$175 credit card deposit on-site

SAMs TOTAL \$ _____

Virtual Library Presentations - DVD ROM Pre-sales (all prices below include shipping)

Therapy DVD-ROM	shipping in the USA	\$94.95 each	Qty: _____ X \$94.95	Total: \$ _____
Imaging DVD-ROM	shipping in the USA	\$94.95 each	Qty: _____ X \$94.95	Total: \$ _____
Therapy DVD-ROM	shipping internationally	\$104.95 each	Qty: _____ X \$104.95	Total: \$ _____
Imaging DVD-ROM	shipping internationally	\$104.95 each	Qty: _____ X \$104.95	Total: \$ _____
Therapy and Imaging DVD-ROM set	shipping in the USA	\$165.00 each	Qty: _____ X \$165.00	Total: \$ _____
Therapy and Imaging DVD-ROM set	shipping internationally	\$175.00 each	Qty: _____ X \$175.00	Total: \$ _____

DVD ROM TOTAL \$ _____

REGISTRATION TOTAL \$ _____

Part 5 - Registration Payment

Check Number: _____ Check Total: _____

Part 6 - How to submit your Registration form (s):

<p>Registration by Mail: AAPM 2013 c/o Convention Data Services 107 Waterhouse Road Bourne, MA 02532</p>	<p>Payment and Cancellation Policy: PLEASE NOTE!!! If you have registered at the early rate and are paying by check, your payment must be RECEIVED no later than June 19, 2013. If we do not receive your payment for the early registration fees by June 19, your registration type will be changed to reflect the late registration type and fee.</p>
<p>AAPM Federal ID #: 23-7057224</p>	<p>Fees for registration will be refunded in full if written notice of cancellation is received by July 11, 2013. No refund will be given for cancellations received after July 5. Please send your written request for cancellation and refund to aapm@xpressreg.net</p>

Please call the AAPM Call Center with any questions: 508-743-8511