


## Check Payment Registration Form

(This is a 2-page form and cannot be processed without 2 pages per registrant)

- Register on or before June 11th to receive reduced registration fees. No refunds will be given for cancellations received after July 14th.
- PLEASE NOTE! If you have registered at the discounted rate and are paying by check, your payment must be **received no later than June 11, 2008**. If your payment for the discounted registration fees is not received by June 11, your registration type will be changed to reflect the non-discounted registration fee.

### 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																						

 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 Hadijah at Hadijah@aapm.org (Please respond by July 1, 2008).

### Part 2 - Demographic Information

1. Please identify your primary employment function:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 01 Clinical         | <input type="checkbox"/> 02 Academic Research/Development | <input type="checkbox"/> 03 Customer support                |
| <input type="checkbox"/> 04 Marketing /sales | <input type="checkbox"/> 05 Regulatory                    | <input type="checkbox"/> 06 Commercial Research/development |
| <input type="checkbox"/> 07 Retired          | <input type="checkbox"/> 08 Teaching                      | <input type="checkbox"/> 09 Other                           |

2. Please identify the nature of your primary employer:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 01 Private health care facility    | <input type="checkbox"/> 02 Physician practice group    | <input type="checkbox"/> 03 Medical Physics practice group               |
| <input type="checkbox"/> 04 Government health care facility | <input type="checkbox"/> 05 Government, not health care | <input type="checkbox"/> 06 Academic health care facility/medical school |
| <input type="checkbox"/> 07 Academic, not health care       | <input type="checkbox"/> 08 Commercial                  | <input type="checkbox"/> 09 Retired                                      |
|   |   | <input type="checkbox"/> 10 Other  |

### Part 3 - Package Selection

	Discounted on or Before 6/11/08	After 6/11/08
<b>Weekly Registration (except Emeritus, all include a ticket to: the Awards Ceremony and Reception, the Gala Celebration, and access to the Exhibit Hall)</b>		
<input type="checkbox"/> Member Weekly Meal type (check one): <input type="checkbox"/> Regular <input type="checkbox"/> Kosher <input type="checkbox"/> Vegetarian	\$495	\$660
<input type="checkbox"/> Emeritus Member ( <i>Gala ticket not included - please purchase separately</i> )	\$78	\$78
<input type="checkbox"/> Non-member Weekly Meal type (check one): <input type="checkbox"/> Regular <input type="checkbox"/> Kosher <input type="checkbox"/> Vegetarian	\$946	\$1,116
<input type="checkbox"/> Junior Member Weekly ( <i>see special registration type qualifications on website</i> ) Meal type (check one): <input type="checkbox"/> Regular <input type="checkbox"/> Kosher <input type="checkbox"/> Vegetarian	\$220	\$220
<input type="checkbox"/> Non-member Resident ( <i>must provide letter - see special registration type qualifications on website</i> ) Meal type (check one): <input type="checkbox"/> Regular <input type="checkbox"/> Kosher <input type="checkbox"/> Vegetarian	\$220	\$220
<input type="checkbox"/> Student Weekly ( <i>non-members must provide letter - see special registration type qualifications on website</i> ) Meal type (check one): <input type="checkbox"/> Regular <input type="checkbox"/> Kosher <input type="checkbox"/> Vegetarian	\$140	\$140
<b>Daily Registration (you may purchase tickets separately to Social Events)</b>		
<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	days _____ X \$247	Total: \$ _____
<b>Student Daily Registration (non-members must provide letter - see special registration type qualifications on website)</b>		
<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	days _____ X \$10	Total: \$ _____
<b>Affiliated Meetings (see special registration type qualifications on website)</b>		
<input type="checkbox"/> Diagnostic Physics Review Course	\$195	\$100 student rate
<input type="checkbox"/> Therapy Physics Review Course	\$195	\$100 student rate

