

Translational Advances in Radiation Oncology and Cancer Imaging

Sheraton St. Louis City Center Hotel and Suites • St. Louis • September 11–12, 2009

FULL NAME _____

INSTITUTION _____

STREET _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

E-MAIL (REQUIRED) _____

PHONE (REQUIRED) _____ FAX _____ MEMBER ID NUMBER _____

REGISTRATION CATEGORY AND FEES

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

| CATEGORY | EARLY-BIRD (On or before August 14, 2009) | | ADVANCE OR ON SITE (After August 14, 2009) | |
|------------------------------|---|--|--|--|
| | Meeting Registration Only | Meeting Registration plus Virtual Meeting Package* | Meeting Registration Only | Meeting Registration plus Virtual Meeting Package* |
| ASTRO/SNM Member | \$450 | \$525 | \$500 | \$575 |
| ASTRO/SNM Member-in-Training | \$120 | \$195 | \$170 | \$245 |
| Nonmember | \$600 | \$675 | \$650 | \$725 |

VIRTUAL MEETING*

Extend your learning experience with access to the symposium sessions after the meeting. You will receive streaming content that has been digitally recorded live and published as audio synchronized to PowerPoint presentations. When you purchase the Virtual Meeting with your registration, approximately eight weeks after the meeting you will receive an e-mail message providing you with a link that will allow you to access it.

PLEASE SELECT NO MORE THAN TWO PROFESSIONAL SUFFIXES.

- | | | | |
|-----------------------------|------------------------------|------------------------------|------------------------------|
| <input type="radio"/> M.D. | <input type="radio"/> C.M.D. | <input type="radio"/> M.S. | <input type="radio"/> M.S.N. |
| <input type="radio"/> D.O. | <input type="radio"/> R.T. | <input type="radio"/> J.D. | <input type="radio"/> O.C.N. |
| <input type="radio"/> Ph.D. | <input type="radio"/> D.V.M. | <input type="radio"/> R.N. | <input type="radio"/> Other |
| <input type="radio"/> D.Sc. | <input type="radio"/> M.B. | <input type="radio"/> B.S.N. | _____ |

PLEASE SELECT NO MORE THAN ONE PROFESSION.

- | | | | |
|--|--|--|--|
| <input type="radio"/> Administrator | <input type="radio"/> Medical Dosimetrist | <input type="radio"/> Nurse Practitioner | <input type="radio"/> Radiation Therapist/Technologist |
| <input type="radio"/> Biologist | <input type="radio"/> Medical Oncologist | <input type="radio"/> Physician | <input type="radio"/> Student |
| <input type="radio"/> Clinical Oncologist | <input type="radio"/> Nurse | <input type="radio"/> Physician Assistant | <input type="radio"/> Veterinarian |
| <input type="radio"/> Diagnostic Radiologist | <input type="radio"/> Nuclear Medicine Physician | <input type="radio"/> Radiation Oncologist | <input type="radio"/> Other |

SPECIAL ASSISTANCE

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.

VISA INFORMATION

Citizens of foreign countries, in most cases, 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://tavel.state.gov/visa>. You must be registered and paid in full before you will be sent a visa letter of invitation. To request a visa letter of invitation, please contact us at meetings@astro.org.

CANCELLATION POLICY

- Refunds will be given only if written notification is received on or before August 14, 2009.
- All refunds are subject to a \$100 processing fee.
- Telephone cancellations will not be accepted.
- NO REFUNDS will be given after August 14, 2009.
- Registration fees are nontransferable.
- Registration refunds will be processed 30 days after the conclusion of the meeting.

HOTEL INFORMATION

Sheraton St. Louis City Center Hotel and Suites
400 South 14th Street
St. Louis, Mo. 63103

HOTEL RESERVATIONS

A block of rooms has been set aside for ASTRO's Translational Advances in Radiation Oncology and Cancer Imaging meeting at a discounted rate until August 20, 2009. Reservations made after this date will be accepted on a space-available basis and may not be at the negotiated rate.

TO MAKE YOUR HOTEL RESERVATION:

Call the hotel directly at 314-231-5007
Be sure to state that you are with ASTRO when making your reservation.

HOTEL ROOM RATES

Single/Double: \$149 per night
Please note that the above hotel rates do not include taxes.

HOW TO REGISTER:



INTERNET:
www.astro.org



FAX:
703-286-1571
Attn: Erick Granados,
Accounting Manager



MAIL:
ASTRO
P.O. Box 631567
Baltimore, MD 21263-1567

QUESTIONS:

Please contact us at:
Phone: 1-800-962-7876
E-mail: meetings@astro.org

PAYMENT INFORMATION

| | |
|-----------------------------------|----------------|
| Total Registration Amount: | |
| Ticketed Event Amount: | |
| Mail/Fax Form Charge: | \$10.00 |
| Total Amount Due: | |

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

PAYMENT METHOD

I authorize ASTRO to charge my credit card for the registration fees required to attend the Translational Advances in Radiation Oncology and Cancer Imaging Symposium. ASTRO reserves the right to charge the correct amount if different from the total listed.

- Check, payable to ASTRO** (U.S. dollars drawn on U.S. bank)
 Credit Card: ___ Visa ___ MasterCard ___ American Express ___ Discover Card

CARD NUMBER _____

EXPIRATION DATE _____

CARDHOLDER NAME _____

SIGNATURE _____