2015 ABS Annual Meeting Registration Form

FIRST NAME LAST NAME DEGREE

SPOUSE/GUEST NAME **(meal event only)**

INSTITUTION/EMPLOYER

ADDRESS

CITY STATE COUNTRY ZIP

PHONE FAX

E-MAIL

Registration Fees

Please Check the Appropriate Fees	PRIOR TO March 6, 2015	AFTER March 6, 2015
ABS Member	❒ $650	❒ $750
Non-Member	❒ $750	❒ $850
Nurse, Dosimetrist, Radiation Therapist	❒ $400	❒ $500
ABS Member Resident, PhD, Postdoctoral, Masters, and Graduate Student*	❒ $200	❒ $200
Non-Member Resident, PhD, Postdoctoral, Masters and Graduate Student	❒ $300	❒ $300
Guest *(meal events only)*	❒ $125	❒ $125
Meeting Recordings Package Members	❒ $99	❒ $99
Meeting Recordings Package Non-Members	❒ $129	❒ $129
APRIL 9, 8:00 AM Breast Session I: Review and Updates of Breast Brachytherapy *(Live Self-Assessment Module)*	❒ $20	❒ $20
APRIL 9, 10:45 AM Prostate Session I: Prostate Brachytherapy in Intermediate and High Risk Disease *(Live Self-Assessment Module)*	❒ $20	❒ $20
APRIL 9, 2:00 PM Physics Session II: Innovations in Brachytherapy QA *(Live Self-Assessment Module)*	❒ $20	❒ $20
APRIL 10, 9:00 AM GYN Session III: Current Recommendations in Cervical Carcinoma *(Live Self-Assessment Module)*	❒ $20	❒ $20
Will be attending Thursday's Resident Luncheon *(Resident's ONLY)*	❒ YES	❒ NO
Will be attending Friday's Membership Luncheon *(Event for ABS Members ONLY)*	❒ YES	❒ NO

Membership for Residents and Students (PhD, Postdoctoral, Masters, and Graduate) is **FREE and an application is available at **www.americanbrachytherapy.org***

Register for the Annual Meeting in 1 of 3 Ways:

MAIL this form with a check or credit card information to:
American Brachytherapy Society — Wells Fargo Bank
P.O. Box 758956 — Baltimore, MD 21275-8956

FAX this form with credit card information to **703.435.4390**
(we can not accept registrations via telephone)

ONLINE at **www.americanbrachytherapy.org**

Please Check Your Specialty	
❒ Radiation Oncologist	❒ Medical Resident
❒ Medical Physicist	❒ Dosimetrist
❒ Nurse	❒ Radiation Therapist
❒ Radiology Vendor	❒ Student ❒ *Postdoctoral* ❒ *Masters* ❒ *Graduate*

Registrants: Please **print** clearly and list name(s) as you would like them to appear on the badge; complete a separate form for **EACH** registrant.

Please Check All Appropriate Boxes Below

Subspecialty	Contouring Session Sign-Up: Thursday 4:00–6:00 pm **(beginner)**	Contouring Session Sign-Up: Friday 4:00–6:00 pm **(advanced)**
❒ **GYN**	❒ **A**	❒ **B**
❒ **Prostate**	❒ **A**	❒ **B**
❒ **Skin***	❒ **A**	❒ **B**

Advance Registration Deadline: March 6, 2015

*(registration fee increases by **$100** after the deadline)*

Cancellation Policy:

Cancellations must be in writing and received by **March 27, 2015** Cancellations or no-shows received after this date will be charged the full registration fee. Paid fee can be applied to a future ABS educational meeting.

❒ Please check here if under the Americans with Disabilities Act you may require special accommodations or services in order to attend. You will be contacted by an ABS staff member.

Special Meeting Recordings Package for Post-Meeting Education!

Select the ABS Meeting Recording Package and receive hours of online sessions through the ABS Live Learning Center. Access audio synchronized to Powerpoint™ presentations in true multimedia Re-creations. Plus, have the ability to access MP3 downloads onto your iPod or tablet for education on the go! Purchase the 2015 Annual Meeting recordings at the pre-conference rate and be entered into a drawing to win the 2014 recordings *(includes the Annual Meeting, GYN and Prostate Schools).*

NOTE: The Recordings Package will increase to **$149** on-site and **$199** post-meeting

❒ **I Have Special DIETARY** Needs for Lunch *(please list below):*

PAYMENT | Total Amount Due: $_____

❒ Check Enclosed *(Payable to ABS)*

❒ Credit Card ❒ AmEx ❒ MasterCard ❒ VISA

NAME ON CARD

CREDIT CARD NUMBER EXPIRATION DATE

SIGNATURE

JOIN NOW to Take Advantage of the ABS Member Registration Rate!

See Membership Application at:
www.americanbrachytherapy.org