2027 AAPM SPRING CLINICAL MEETING

APRIL 10–13 | HYATT REGENCY DENVER | DENVER, CO

NON-MEMBER RESIDENT, JUNIOR, AND STUDENT REGISTRATION VERIFICATION FORM

Please use the Fill & Sign feature to complete all fields. For instructions/details see: https://helpx.adobe.com/reader/using/fill-and-sign.html

Questions? *Please contact SpringClinical@aapm.org for help with this form.*

INSTRUCTIONS:

Step 1: to be completed by the registrant. **Steps 2 – 4:** to be completed by the registrant's supervisor, manager, program director, or advisor. In order to qualify for the Non-Member Associate or Student registration category, it is necessary to fully complete this form, and return it to the registrant so they may upload it into the registration system. ***It's important to emphasize that failure to provide all the required information and obtain the necessary signature will render the registrant ineligible for the reduced registration rate.***

STEP 1: REGISTRANT'S DETAILS

First Name _____ Last Name _____

Email _____ Phone _____

Institution _____

STEP 2: REGISTRANT'S ROLE

Please tick ONE statement that BEST applies to the registrant.

- O Postdoctoral Research Associate or Fellow
- O Resident
- O Medical Physics Certificate Program Student
- O Medical Physicist Assistant
- O Clinical Engineer
- O Graduate / Undergraduate Student

STEP 3: YOUR ROLE

I am the registrant's supervisor, manager, program director, or advisor. O Yes O No

STEP 4: SIGN AND RETURN

By signing below, registrant and program director/supervisor hereby affirm and certify that the above information is complete, true, and correct. Both parties understand that any misrepresentation or falsification will result in registration cancellation, with no refund, and restriction from attendance at future AAPM events.

Registrant Signature _____ Date _____

Program Director/Supervisor Signature _____ Date _____

Please remember that the registrant will need to upload this completed form as a mandatory requirement.