NON-MEMBER ASSOCIATE 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 <u>SummerSchool@aapm.org</u> for help with this form.

) INSTRUCTIONS:

First Name

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.

Last Name

> STEP 1: REGISTRANT'S DETAILS

Email		Phone
Institution		
) STEP 2: REGISTRANT'S ROLE		
Please tick ONE statement that BEST applies to the re	gistrant.	
O Postdoctoral Research Associate or Fellow	0	Medical Physicist Assistant
O Resident	0	Clinical Engineer
O Medical Physics Certificate Program Student	0	Graduate / Undergraduate Student
STEP 3: YOUR ROLE		
I am the registrant's supervisor, manager, program dir	rector, or ac	Ivisor. O Yes O No
) STEP 4: SIGN AND RETURN		
By signing below, registrant and program director/sup complete, true, and correct. Both parties understand cancellation, with no refund, and restriction from atte	d that any m	isrepresentation or falsification will result in registration
Registrant Signature		Date
Program Director/Supervisor Signature		Date
Please remember that the registrant will need to uplo	ad this com	pleted form as a mandatory requirement.