



ACRO 2017

Radiation Oncology: An Expanding Role

Register online.
Save time and a stamp!
Visit acro.org and sign-up online to be instantly registered.

Hotel Reservations:
Reserve your room at the Hilton Orlando Lake Buena Vista by visiting acro.org.
The ACRO rate is \$209/night.

1. Contact Information (Type or print only)

First Name _____ Last Name _____ Degree _____

Name as you would like it to appear on badge (if different from above) _____

Organization/Practice _____

Address _____ City/State _____

Zip/Country _____ Phone (_____) _____

E-mail _____ Fax (_____) _____

Check if you have special needs (dietary restrictions, disability, etc.) _____

2. Meeting & Additional Events

For the Annual Meeting check ONE of the boxes in the fee schedule below.

ACRO ANNUAL MEETING ONLY - MARCH 9-11, 2017

20% Discount on Annual Meeting fees if you register by January 13th!

| ✓ CHECK ONE BOX ONLY | EARLY BIRD by 1/13/17 | PRE-REG by 2/27/17 | ON-SITE after 2/27/17 |
|---|-------------------------------------|-------------------------------------|--------------------------------|
| Current ACRO Member..... | <input type="checkbox"/> \$400..... | <input type="checkbox"/> \$500..... | <input type="checkbox"/> \$600 |
| Current RSS Member (non-ACRO member)..... | <input type="checkbox"/> \$400..... | <input type="checkbox"/> \$500..... | <input type="checkbox"/> \$600 |
| New Member (Join Now)..... | <input type="checkbox"/> \$350..... | <input type="checkbox"/> \$450..... | <input type="checkbox"/> \$550 |
| Non-Member..... | <input type="checkbox"/> \$560..... | <input type="checkbox"/> \$700..... | <input type="checkbox"/> \$800 |
| Administrator, Nurse, Allied Health Professional..... | <input type="checkbox"/> \$220..... | <input type="checkbox"/> \$275..... | <input type="checkbox"/> \$375 |
| Resident/Med Student/ Grad Student (proof required)..... | <input type="checkbox"/> \$40..... | <input type="checkbox"/> \$50..... | <input type="checkbox"/> \$100 |

| | Member | Non-Member |
|---|------------------------------------|-------------------------------|
| Live Webcast (CME Eligible) via online access at acro.org | <input type="checkbox"/> Free..... | <input type="checkbox"/> \$99 |

✓ CHECK APPROPRIATE BOXES (Registration required.)

| | |
|---|-------------------------------|
| Updates and Dilemmas in Coding Wednesday, March 8 1:30-4:30 pm..... | <input type="checkbox"/> Free |
| Women in Radiation Oncology Forum Thursday, March 9 11:30 am-12:30 pm..... | <input type="checkbox"/> Free |
| Contouring Mini-Symposium Friday, March 10 10:30 am-12:15 pm..... | <input type="checkbox"/> Free |
| Symposium for Radiation Oncology Residents Friday, March 10 3:30-5:30 pm..... | <input type="checkbox"/> Free |

CANCELLATION POLICY: Full refund, minus a \$100 fee, if notified in writing before Feb. 27, 2017. A 50% refund if notified in writing between Feb. 29 and March 4, 2017. **No refund after March 4, 2017.** Approved refunds will be distributed approximately 30 days after conclusion of the Annual Meeting.

By registering for ACRO 2017, you agree to ACRO's Terms and Conditions found on acro.org.

Thank you for registering! Go to acro.org for updates.

3. 2017 Membership Dues

Current (2016) members can pay 2017 membership dues with this meeting registration. **Non-members can join ACRO with this registration form and completion of an application to receive the member discount.**

| | |
|---|--------------------------------|
| Member (MD/DO/PhD)..... | <input type="checkbox"/> \$425 |
| Associate Member..... | <input type="checkbox"/> \$305 |
| New Practitioner (MD/DO)..... | <input type="checkbox"/> \$325 |
| <i>First five years of practice post residency.</i> | |
| Military Member..... | <input type="checkbox"/> \$225 |
| Retired/Corresponding Member..... | <input type="checkbox"/> \$150 |
| Resident Member*..... | <input type="checkbox"/> Free |

* Proof of status required.

4. Fee Calculation

| | |
|------------------------------------|-----------------|
| Annual Meeting | \$ _____ |
| 2017 Membership Dues | \$ _____ |
| Total Remittance (US Funds) | \$ _____ |

5. Payment

I wish to make payment by:

- Check or Money Order
- Credit Card

If paying by check or money order, make payable to ACRO and mail with this form to:

**ACRO 2017 | 5272 River Road, Suite 630
Bethesda, MD 20816**

If paying by credit card, complete this section:

- VISA
- MC
- AmEx

Card Number _____

Exp. Date (mm/yy) _____ Security Code _____

Name on Card _____

Signature _____

Fax completed forms to (301) 656-0989 or mail to address below.

Please Note: Payment **MUST** accompany your registration.