

SROA Advance Meeting Registration Form 2010

Please PRINT your first name, last name and academic/professional credentials exactly as you wish them to appear on your name badge. You may clip this form or make photocopies. To qualify for advance registration your form must be received by **September 24, 2010**.

Mail to: SROA Annual Meeting 2010, 5272 River Road Suite 630, Bethesda, MD 20816

Name (first, initial, last) _____

Position/Title _____

Company/Institution/Affiliation _____

Street Address _____

City, State, Zip, Country _____

Office Phone _____ Office Fax _____

Email (required for confirmation) _____

Check here if you require special assistance or dietary needs. Vegetarian Vegan Kosher Other _____

REGISTRATION FEES

Please check only one box and enter total fee.

SROA member \$550 Non-member \$850

Day Registration

Daily member \$350 Daily Non-member \$550 **Circle one:** Sunday Monday Tuesday Wednesday

ASTRO Registration (if you paid full meeting registration fees to ASTRO and want to attend SROA **General Sessions Only**)

\$105 ASTRO confirmation number _____

****New Administrators Workshop Track** (workshops & general sessions on Tues. afternoon and Wed. morning & the President's Party on Tues. evening)
(Proof of registration for ASRT/ASTRO meeting is required)

Non-Member of SROA \$100 ASRT/ASTRO confirmation number _____

ADDITIONAL EVENT TICKETS (required to attend these events)

Meeting registrants receive complimentary access to all events listed below. Additional tickets for the President's Reception may be purchased for a guest. Please indicate the number of additional tickets needed for each event.

Annual Business Meeting Luncheon, Sunday, Oct. 31, Noon – 01:30 pm _____ @ \$45 /Adult \$ _____

Quality Luncheon, Tuesday, Nov. 2, 12:15 pm – 02:00 pm _____ @ \$45 /Adult \$ _____

****President's Party**, Tuesday, Nov. 2, 07:30pm – 10:30pm _____ I will attend \$ **Free for Attendee**

_____ @ \$75 /Adult (Guest) \$ _____

Total for Additional Tickets \$ _____

COURSE SELECTIONS

To expedite your registration, indicate your course preference below by marking your first choice where appropriate.

| | | | | | |
|------------------------------|---------------------|---|--|--|--|
| Sunday, October 31 | 08:45 am – 10:15am | <input type="checkbox"/> #001 (Keynote) | | | |
| | 10:45 am – 11:45 am | <input type="checkbox"/> #002 (General Session) | | | |
| | 01:30 pm – 02:30 pm | <input type="checkbox"/> #003 (Workshop) | <input type="checkbox"/> #004 (Workshop) | <input type="checkbox"/> #005 (Workshop) | <input type="checkbox"/> #006 (Workshop) |
| | 03:00 pm – 04:30 pm | <input type="checkbox"/> #007 (General Session) | | | |
| Monday, November 1 | 08:30 am – 09:30 am | <input type="checkbox"/> #008 (General Session) | | | |
| | 09:45 am – 10:45 am | <input type="checkbox"/> #009 (General Session) | | | |
| Tuesday, November 2 | 08:30 am - 09:30 am | <input type="checkbox"/> #010 (General Session) | | | |
| | 09:45 am – 10:45 am | <input type="checkbox"/> #011 (Workshop) | <input type="checkbox"/> #012 (Workshop) | <input type="checkbox"/> #013 (Workshop) | <input type="checkbox"/> #014 (Workshop) |
| | 11:15 am – 12:15 pm | <input type="checkbox"/> #015 (Workshop) | <input type="checkbox"/> #016 (Workshop) | <input type="checkbox"/> #017 (Workshop) | <input type="checkbox"/> #018 (Workshop) |
| | 02:00 pm – 03:00 pm | <input type="checkbox"/> #019 (Workshop) | <input type="checkbox"/> #020 (Workshop) | <input type="checkbox"/> #021 (Workshop) | <input type="checkbox"/> #022 (Workshop) |
| | 03:30 pm – 04:30 pm | <input type="checkbox"/> #023 (Workshop) | <input type="checkbox"/> #024 (Workshop) | <input type="checkbox"/> #025 (Workshop) | <input type="checkbox"/> #026 (Workshop) |
| Wednesday, November 3 | 08:30 am – 09:30 am | <input type="checkbox"/> #027 (Workshop) | <input type="checkbox"/> #028 (Workshop) | <input type="checkbox"/> #029 (Workshop) | <input type="checkbox"/> #030 (Workshop) |
| | 09:45 am – 10:45 am | <input type="checkbox"/> #031 (Workshop) | <input type="checkbox"/> #032 (Workshop) | <input type="checkbox"/> #033 (Workshop) | <input type="checkbox"/> #034 (Workshop) |
| | 11:15 am – 12:15pm | <input type="checkbox"/> #035 (General Session) | | | |

TOTALS

| | |
|---|-----------------|
| Registration Fee | \$ _____ |
| Additional Event Tickets (only if ordering additional tickets) | \$ _____ |
| 2011 Membership | \$ _____ |
| Total Remittance (US Funds) | \$ _____ |

(Checks should be made payable to SROA)

If paying by credit card, provide the following information:

AMEX MasterCard VISA

Credit Card Number _____

Name (as printed on card) _____

Signature _____

Expiration Date (month, year) _____

Credit Card Security Code (three digit number on back) _____

If you are paying by credit card, you may fax this form to SROA at 301-656-0989. If paying by check, you must mail the form.