

AAPM 2024

66TH ANNUAL MEETING & EXHIBITION



JULY 21-25 | LOS ANGELES, CA

EMBRACING CHANGE. IMPACTING PATIENT CARE.

Resident of Low/Middle Income Country 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>

This form must be completed and submitted during the registration process.

You will be prompted to upload the .pdf file on the Registration Verification Form Submission page.

AAPM acknowledges the countries listed [here](#) as low or middle-income nations, and only residents of these countries qualify for the reduced registration fee.

Registration Information

Full Name: _____

Registration Email: _____

Address: _____

Country of Residence: _____

Institution Information

Name: _____

Address: _____

Country of Institution: _____

By signing below, you hereby affirm and certify that the above information is complete, true, and correct. You 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