



# 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 [payton@aapm.org](mailto:payton@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.

- |   |  |
|---|--|
| <input type="radio"/> Postdoctoral Research Associate or Fellow   | <input type="radio"/> Medical Physicist Assistant      |
| <input type="radio"/> Resident                                    | <input type="radio"/> Clinical Engineer                |
| <input type="radio"/> Medical Physics Certificate Program Student | <input type="radio"/> Graduate / Undergraduate Student |

## STEP 3: YOUR ROLE

I am the registrant's supervisor, manager, program director, or advisor.  Yes  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.**