



**2020** JULY 12-16  
VANCOUVER, BC

# JOINT AAPM COMP MEETING

**Instructions:** If you are interested in applying for the registration fee waiver, please complete and return the application below by **MARCH 5, 2020**. Your request will be forwarded to the International Affairs Committee for consideration. You will be contacted via email with the committee decision.

*Please use the Fill & Sign feature to complete all fields. For instructions/details see: <https://helpx.adobe.com/reader/using/fill-and-sign.html>*

## WAIVED REGISTRATION REQUEST FORM

Registration Fee Waivers for Presenting Authors from Developing Countries:

The AAPM will be awarding 15 registration fee waivers to PRESENTING AUTHORS who reside in developing countries recognized by the AAPM.

- Preference is given to those abstracts which are accepted for Oral or Short Oral presentation.
- Only the PRESENTING AUTHORS (who reside and work in developing countries per the AAPM recognized list) of Oral or Short Oral presentations are eligible for the first round of the selection process for the registration fee waivers.
- If the number of eligible authors is more than 15, the AAPM International Affairs Committee (IAC) will select one from each region. The remaining awards will be selected by IAC members by ballot.
- Recipients of the registration fee waivers will be contacted on May 15, 2020.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Degree: \_\_\_\_\_

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Mailing Address 1: \_\_\_\_\_

Mailing Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Abstract Submission Number(s): \_\_\_\_\_

**Membership Information (check all that apply):**

Full AAPM Member       PIP Member       International Affiliate       Non-Member

Support Requested: Please consider waiving my registration fees. My travel and accommodations are to be covered by:

Myself       My hospital/institution       Other (please explain below)

Explanation: \_\_\_\_\_

Please provide a reason why financial support is being requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print and email to [laurie@aapm.org](mailto:laurie@aapm.org) or fax to: 571-298-1301, Attn: Laurie Madden.