

# Meeting Registration Form

## IGRT Short Course, Cancer Center, Stanford University

### Sept. 26-27, 2008

*Please type or print.*

Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Registration Fees

	Early	Late*	Total
Physician	\$1400.00	\$1650.00	\$
Physicist	\$1400.00	\$1650.00	\$
Dosimetrist/Therapist	\$1200.00	\$1450.00	\$

\*Late registration is after Aug. 1, 2008

\*Student discount available

#### Payment

- Check made payable to Dept. of Radiation Oncology, Stanford University  
(fee to be paid in US dollars)

Amount \$ \_\_\_\_\_

**Return completed Meeting Registration Form and payment (payable to Department of Radiation Oncology, Stanford University) to:**

Lei Xing, Ph.D., Associate Professor  
 Department of Radiation Oncology  
 Stanford University School of Medicine  
 875 Blake Wilbur Drive, G204  
 Stanford, CA 94305-5847  
 Phone: (650) 498-7896, Fax: (650) 498-4015