

Instructions: If you are interested in applying for the registration fee waiver, please complete and return the application below by FEBRUARY 27, 2024.

> 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 low or middle-income nations: AAPM will be awarding 15 registration fee waivers to PRESENTING AUTHORS who reside in low or middle-income nations recognized by 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 low or middle-income nations per AAPM's 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, AAPM Global Representatives Subcommittee (GRSC) will select one from each region. The remaining awards will be selected by AAPM GRSC members by ballot.
- Recipients of the registration fee waivers will be contacted on May 16, 2024.

First Name:	Last Name:		
Title:	Degree:		
Institution:			
Department:			
Mailing Address1:			
Mailing Address 2:			
City:	State:		Zip:
Country:	P	hone:	Fax:
Email:			
Abstract Submission Number(s)	:		
Membership Information (chec	:k all that apply):		
D Full	□ General	Associate	Associate-Student
□ Affiiliate	□ Non-Member		
Support Requested: Please con	sider waiving my registration fe	es. My travel and accomn	nodations are to be covered by:
D Myself	My hospital/institution	Other (please explosition)	ain below)
Explanation:			
Please provide a reason why fi	nancial support is being reque	sted:	
	Email fo: <u>lau</u>	<u>rie@aapm.org</u>	