



Short Course on
**GPU Programming for Medical Physics
 and Medical Imaging Research**
 (REGISTRATION FORM)

To register, please complete this registration form and return it with payment to UTSW
 Fax: 214-645-7662

Mail: **UTSW Department of Radiation Oncology**
Attn: Finance Department, MC9183
5801 Forest Park Road
Dallas, TX 75390-9183

Confirmation of your conference registration will be emailed to you.

Please Print Fill Out Electronically or Print Clearly (Information is used for your name tag)

Mr. Ms. First Name: Last Name:

Regular Student ("Student" category includes graduate students, postdocs, and residents.
 Need copy of student ID and/or confirmation letter from program director.)

Title/Job Position:

Employer/Institution:

Mailing Address:

City: State: Zip Code:

Phone Number: Fax Number:

E-mail:

Please indicate any special needs (e.g. Dietary or Disability):

REGISTRATION PAYMENT

Payment Type:	Regular Early	Regular Standard	Student Early	Student Standard
Amount:	\$1,500	\$1,500	\$750	\$900
Deadline:	Deadline:	After: 10/1/2014	Before: 10/1/2014	After: 10/1/2014

Check or Money Order payable to: Check or Money Order #
 Radiation Oncology/UT Southwestern

Credit Card Visa Master Card American Express Discover

Card Number: Exp. Date: /

Card Holder Signature:

*For questions contact Lezlie Britton at (214) 645-2568
 or email Lezlie.Britton@UTSouthwestern.edu.
 We look forward to meeting you.*