

2024 SCAROP Annual Meeting- Guest Registration

April 19, 2024 • ASTRO Headquarters• Arlington, VA

GUEST POLICY

Only SCAROP members are invited to the SCAROP meeting. A SCAROP member may register one guest from his or her institution to attend either in the place of the SCAROP member or in addition to the SCAROP member.

Category	
Guest of SCAROP Member	
Full name (required): _____	○\$175
Email (required): _____	
Guest coming in place of SCAROP Member	
Full name (required): _____	○\$175
Email (required): _____	
*Meeting registration fee includes meeting materials, lunch and a coffee break.	

SCAROP MEMBER INFORMATION (REQUIRED)

Do **NOT** enter guest information in this section. Guest information will be entered in the table above.

FIRST NAME	LAST NAME	SUFFIX (JR., III, IV)
_____	_____	_____
INSTITUTION		

EMAIL		

SPECIAL ACCOMMODATIONS



ASTRO is committed to making the meeting accessible to all individuals. If you have a disability as identified by the Americans with Disabilities Act, please contact us at meetings@astro.org.

- Check here if you require auxiliary aids or services.

CANCELLATION POLICY

- Refunds will be given only if written notification is received 2-3 weeks before the meeting.
- All refunds are subject to a \$100 processing fee.
- Telephone cancellations will not be accepted.
- **NO REFUNDS** will be given for requests received after the deadline.
- Registration refunds will be processed 30 days after the conclusion of the meeting.

REGISTRATION CATEGORY AND FEES

Registration fees include meeting materials, lunch and a coffee break. Check your registration category. Choose the first category that applies to you.

HOW TO REGISTER:

Credit Card Payment:

Upload registration form to www.astro.org/ccform

Check Payment:

Mail - ASTRO

P.O. Box 418075

Boston, MA 02241-8075

QUESTIONS:

Phone: 703-839-7390

Email: meetings@astro.org

PAYMENT INFORMATION

2024 SCAROP Annual Meeting:	
Guest Amount:	
Grand Total:	

- Check payable to ASTRO (U.S. dollars drawn on U.S. bank)

Credit Card Upload form www.astro.org/ccform

- American Express Discover
 MasterCard Visa

I agree to the registration terms and conditions and authorize my credit card to be charged registration fees to attend the 2024 SCAROP Annual Meeting. We reserve the right to charge the correct amount if different from the total listed.

CREDIT CARD NUMBER	EXPIRATION DATE	CVC
_____	_____	_____
CARDHOLDER'S NAME (as it appears on card)	SIGNATURE	DATE
_____	_____	_____
BILLING ADDRESS - STREET	CITY	STATE
_____	_____	_____
COUNTRY	ZIP CODE	
_____	_____	