International Cancer Network

INTERNATAIONAL CONGRESS FOR LUNG CANCER

MARRIOTT MARQUIS HOTEL - NEW YORK
1534 BROADWAY, NEW YORK, NY 10036

REGISTRATION FORM

Fax to: 972-492-4082

PERSONAL INFORMATION

First Name_____ Middle Initial _____ Last Name_____

Mailing Address _____

_____

Suit _____

City _____ State_____ Zip Code_____

Country_____

Phone _____ Fax _____

E-mail _____

Specialty: _____

Credentials: ❒ Physician ❒ Fellow ❒ PA-C ❒ Nurse ❒ NP
❒ PhD ❒ Pharmacist ❒ Industry ❒ Other

Registration Fee

Registration fee covers continental breakfast, lunch and syllabus book

□ Physicians	$50.00
□ Nurses, Pharmacists, others	$30.00
□ Fellows	No Registration Fee
□ *Industry	$325.00

*Person(s) employed by for-profit organizations such as pharmaceutical and biotech companies, and financial institutions

Payment may be made: □ Check □ MC □ Visa □ Discover □ Amex

Credit Card Number _____ Expiration Date_____

Name & address as it appears on Credit Card _____

_____

_____

Signature _____

No refunds. Substitution is allowed

❒ Check here if you have any special dietary needs.

Please specify: _____

_____ Initial here if you wish to be informed of other ICN educational activities.