International
Lung Cancer Network

Comprehensive Review of Lung Cancer
Four Points by Sheraton • Washington, DC
Saturday, December 8, 2007

REGISTRATION FORM

Fax to: 443-267-0016

Mail to: International cancer Network, 3809 Legacy Trail, Carrollton, TX 75010

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	$245.00

*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 _____

❒ Check here if you have any special dietary needs.

Please specify: _____

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