



# CHANGES IN TREATMENT PARADIGM FOR LUNG CANCER: RECENT ADVANCES

THE WESTIN NEW YORK AT TIMES SQUARE  
270 WEST 43RD STREET • 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

- |  |                     |
|--|---------------------|
| <input type="checkbox"/> Physicians                  | \$50.00             |
| <input type="checkbox"/> Nurses, Pharmacists, others | \$30.00             |
| <input type="checkbox"/> Fellows                     | No Registration Fee |
| <input type="checkbox"/> *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.