



**NOVEL ANTICANCER AGENTS FOR PRACTICING PHYSICIANS  
MARRIOTT RIVERWALK, SAN ANTONIO, TX  
SATURDAY. FEBRUARY 23, 2008**

**REGISTRATION FORM**

**Fax to:** Roberta Granny (717-531-0002) or 443-267-0016

**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                   | \$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 \_\_\_\_\_

**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.