

REGISTRATION FORM EMERGING TREATMENTS AND ADVANCES IN ONCOLOGY

PHILADELPHIA, PA NEW YORK, NY

**JUNE 13, 2008 - MARRIOTT PHILADELPHIA DOWNTOWN
1201 MARKET STREET, PHILADELPHIA, PA, 19107 • PHONE: 215-625-2900**

**JUNE 14, 2008 – NEW YORK MARRIOTT MARQUIS HOTEL
1534 BROADWAY, NEW YORK, NY 10036 • PHONE: 972-939-6206**

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.

