

# International Lung Cancer Network

PLEASE FAX TO 443-267-0016

## INTERNATIONAL CONGRESS FOR LUNG CANCER

OCTOBER 5-6, 2007

Marriott New York Eastside Hotel, 525 Lexington Avenue at 49th Street, New York, NY 10017

Phone 212-755-4000

### REGISTRATION FORM

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Physician  Pa-C  Fellow/Nurse  NP  PhD  Pharmacist  Industry  Other

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Specialty: \_\_\_\_\_

### REGISTRATION FEE

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.

Payment may be made:  Check  MasterCard  Visa  Discover  American Express

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name as it appears on Credit Card

Signature \_\_\_\_\_

#### No refund of registration Fee. Substitution is allowed.

Please make checks payable to International Lung Cancer Network. Mail checks to 3809 Legacy Trail, Carrollton, TX 75010. For questions if any please call 800-353-1308 Ext 101 or E-mail: [knaidu@internationalcancernetwork.com](mailto:knaidu@internationalcancernetwork.com)