



CORPORATE REPRESENTATIVES REGISTRATION FORM 2009 FALL Session

Please return to Dorothy Green Phillips, FLASCO Executive Director
Due by **October 1, 2009**

PLEASE NOTE: There will be a \$50 charge for meeting registration or hotel reservation changes made after OCTOBER 1, 2009.

Name	
Address	
	Street City Zip Code

Daytime phone: _____ **Fax:** _____ **E-mail:** _____

Name Badge Information

NAME DESIRED ON BADGE	
NAME OF PHARMACEUTICAL COMPANY	

Hotel Reservations

Arrival date: _____ **Departure date:** _____

Room Accommodations: **Single** **Double**

Special Room Requirements: (please specify) _____

☆☆☆DEADLINE FOR RESERVATIONS IS JANUARY 28, 2009☆☆☆

Meal and Hotel Reservations

Function	Costs	Attending		Total Cost
		YES	NO	
Friday Evening Reception	Cash Bar			
Friday Evening Dinner – Platinum, Gold, Silver & Bronze Members/Supporters Only	Platinum – 6 Comp Gold – 4 Comp Silver – 2 Comp Bronze – 1 comp			
Saturday Breakfast	Comp			
Saturday Lunch	Comp			
Hotel Room (includes taxes)	\$190.00 per night			

Total Amount Enclosed: \$ _____

Dietary Restrictions: Vegetarian No Red Meat Other _____
(Please specify)

If charging your hotel room to your credit card:
 MasterCard Visa American Express

Cardholder's Name	Account Number	Expiration Date	PIN

☆☆ Please make all checks payable to: Florida Society of Clinical Oncology☆☆
Florida Society of Clinical Oncology
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