



# 2009 FLASCO FALL MEETING

## REGISTRATION FORM

**DUE DATE: OCTOBER 1, 2009**

**Please Return To: Dorothy Green Phillips, Executive Director  
3709 W. Jetton Ave, Tampa, FL 33629 or fax 813-254-5857**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY ZIP CODE

DAYTIME PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### NAME BADGE INFORMATION:

NAME DESIRED ON BADGE: \_\_\_\_\_

NAME DESIRED ON GUEST BADGE: \_\_\_\_\_

### MEETING RESERVATIONS

Meeting:	Will Attend	Will Not Attend
Executive Com. Mtg. (9 am – 4 pm)	_____	_____
Friday Board Meeting (4:30 – 5:30 pm)	_____	_____
Friday Night Dinner & Program	_____	_____
Saturday Breakfast	_____	_____
Saturday General Session	_____	_____
Saturday Luncheon	_____	_____

### HOTEL RESERVATIONS

ARRIVAL DATE: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_

Room Accommodations:  SINGLE  DOUBLE

Special Room Requirements: \_\_\_\_\_

**\*\*DEADLINE FOR RESERVATIONS IS October 1, 2009\*\***

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

### RESERVATIONS AND COSTS

FUNCTION	TOTAL # MEALS	FLASCO MEMBER	GUEST COST	NON – FLASCO MEMBER COST	TOTAL
REGISTRATION FEE		-0-	-0-	\$200.00	_____
FRIDAY EVENING RECEPTION	_____	-0-	-0-	-0-	_____
FRIDAY EVENING DINNER	_____	-0-	\$75.00	-0-	_____
SATURDAY BREAKFAST	_____	-0-	\$35.00	-0-	_____
SATURDAY LUNCH	_____	-0-	\$40.00	-0-	_____
HOTEL ROOM	_____	\$190 per Night		\$190 per Night	_____

TOTAL AMOUNT ENCLOSED (Registration Fee, Hotel Room &, Meals) ----- \$ \_\_\_\_\_

DIETARY RESTRICTIONS:  VEGETARIAN  NO RED MEAT  OTHER \_\_\_\_\_  
(PLEASE SPECIFY)

### IF CHARGING HOTEL ROOM, MEALS & REGISTRATION TO YOUR CREDIT CARD:

MASTERCARD  VISA  AMERICAN EXPRESS

Cardholder's Name	Account Number	Expiration Date	PIN Code

**\*\*PLEASE MAKE ALL CHECKS PAYABLE TO: FLORIDA SOCIETY OF CLINICAL ONCOLOGY\*\***