REGISTRATION FORM
2009 BUSINESS OF ONCOLOGY SUMMIT
RENAISSANCE HOTEL – INTERNATIONAL PLAZA
TAMPA, FL

Please return to Dorothy Green Phillips, FLASCO Executive Director

Due by SEPTEMBER 15, 2009

Name _____

Address _____
Street City Zip Code

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

NAME BADGE INFORMATION

NAME DESIRED ON BADGE	
NAME OF PRACTICE	

MEAL RESERVATIONS

Function	Attending	
	YES	NO
Continental Breakfast		
Lunch		

HOTEL RESERVATIONS

All hotel reservations will be made by the FLASCO Executive Director.
The room rate per night is $190.00. If you do require a reservation, please provide payment information below.

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

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

Special Room Requirements: (please specify)_____

TOTAL AMOUNT ENCLOSED: $ _____

Please provide payment information if hotel reservation is needed:

❑ Check Enclosed – Check#_____

❑ MasterCard ❑ Visa ❑ American Express

Cardholder's Name	Account Number	Exp Date	PIN

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

Florida Society of Clinical Oncology
3709 W. Jetton Avenue, Tampa, FL 33629
Phone (813) 253-0541 x4410 Fax (813) 254-5857 E-mail: dorothy.green@cancer.org