

REGISTRATION FORM



“Great Strides Together” 21st Century Oncology Developments for the PA and ARNP/Physician Team

Miami Heart Institute
Miami Beach, FL
March 26, 2010



Name: _____

Professional Degree: MD PA ARNP RN PharmD RPh Other _____

Specialty: _____

Preferred Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

REGISTRATION FEE: The registration fee includes the sessions, breakfast, lunch, breaks and conference materials for the participant. A confirmation letter will sent upon receipt of your registration and form of payment.

Registration for this conference is \$100 per attendee. Students, who are in training, and would like to attend, may do so for a discounted registration fee of \$25.

Please select one:

_____ \$100.00 Regular Registration Fee

_____ \$25.00 Student in Training Registration Fee

PAYMENT METHOD:

___ Check ___ MasterCard ___ VISA ___ American Express

Credit Card Number: _____ Expiration Date: _____

Cardholder Name: _____ Signature: _____

REGISTRATION DEADLINE: March 6th, 2010

Make all checks payable and mail completed registration forms to:

**Florida Society of Clinical Oncology
3709 W. Jetton Ave. Tampa, FL 33629**

For more information, please contact:

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