



**FLASCO 1ST ANNUAL PHARMACEUTICAL
BUSINESS OF ONCOLOGY CONFERENCE
Tampa Airport Marriott – Tampa, FL
April 8th, 2010
REGISTRATION FORM**

Name: _____

Company/Organization Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

REGISTRATION FEES

- \$1000 – One Representative from Company Attending
- \$750 – Two to Five Representatives from Company Attending
- \$500 – Six or More Representatives from Company Attending
- Comp Attendee for Diamond Corporate Member

**Diamond Corporate Members are entitled to ONE comp attendee

PAYMENT METHOD

- VISA MASTERCARD AMERICAN EXPRESS
- CHECK ENCLOSED (Make checks payable to the Florida Society of Clinical Oncology)

CARD NUMBER: _____ EXP DATE: _____

PIN # _____

For more information on this conference, please visit www.flasco.org or contact:
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