



**CORPORATE REPRESENTATIVES REGISTRATION FORM
2010 SPRING Session**

Please return to Dorothy Green Phillips, FLASCO Executive Director
Due by February 1, 2010

PLEASE NOTE: There will be a \$50 charge for meeting registration or hotel reservation changes made after February 1, 2010.

Name	_____
Address	_____
	<small>Street City Zip Code</small>

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 FEBRUARY 1, 2010** ☞ ☞ ☞

Meal and Hotel Reservations

Function	Costs	Attending		Total Cost
		YES	NO	
Friday Evening Reception	Cash Bar			
Friday Evening Dinner – Diamond, Platinum, Gold, Silver & Bronze Members/Supporters Only	Diamond 4 Comp Platinum – 3 Comp Gold – 2 Comp Silver – 1 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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