



2010 FLASCO ANNUAL MEETING & SPRING SESSION
REGISTRATION FORM
DUE DATE: MARCH 5-6, 2010

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. (10 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 February 1, 2010****

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

FUNCTION	TOTAL # MEALS	RESERVATIONS AND COSTS			TOTAL
		FLASCO MEMBER	GUEST COST	NON – FLASCO MEMBER COST	
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****